**From:** [redacted]
**Sent:** Wednesday, 26 June 2019 4:06 PM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments.

To whom it may concern

About 30% of Australian GPs utilise some aspect of complementary medicine within their medical practice; it could even be argued that this is current conventional medicine. These are highly trained, specialist doctors educated beyond their medical tertiary qualifications.

As in any profession there are good and bad practitioners. We can't have one rule for some practitioners and one rule for others. The key is ensuring regulation is focussed on the health and safety of ALL Australians. There should be only ONE set of good practice guidelines that ALL doctors should follow.

This is a step backwards in time and an indictment on the progress of healthcare in Australia. We need to be open to taking a holistic approach to treatment and embracing new and innovative medical practices.

We need patients to be able to have a choice.

As a leading health practitioner I see these patients everyday and understand their needs. My submission is leave your doctors to practise as they already do, as outlined in 'Option one' (do not introduce new regulations) on page 2 of the proposal.

Greg Da Rui
B.Pharm MPS AACPA | PHARMACIST | PROPRIETOR
[redacted]

| | |
|---|---|
| **From:** | [redacted] |
| **To:** | medboardconsultation |
| **Subject:** | Public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments |
| **Date:** | Friday, 10 May 2019 6:49:09 PM |

As a practising Nutritionist, I am very concerned at the ramifications of the Public Consultation. Many advances in the treatment of many conditions are being forged by Naturopathic, Nutritional and Herbal therapies , there is also growing evidence on the beneficial effects using these medicinal therapies alongside 'mainstream, conventional therapies'. In an age when medical practitioners world wide are recognising these benefits, to marginalise these therapies is not only counterproductive but also myopic.

In the USA and Europe, complementary therapies are becoming more and more accepted, some even being incorporated into mainstream medicine, so why is Australia advocating the opposite?

I do not accept the concept of marginalising complementary medicine as beneficial to anyone, rather it only serves as protectionism on the part of the mainstream medical fraternity.

regards

Janice Dance Adv Dip Nut
Nutritionist

**From:** majette [redacted]
**Sent:** Tuesday, 21 May 2019 7:24 PM
**To:** medboardconsultation
**Subject:** Public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments

I am very concerned and strongly oppose regulations attempting to be passed to minimise access to complimentary medicine and unconventional medicine. Below are the concerns as stated in your paper that need to be investigated and prevented by complimentary medicine practices.

"Concerns include patients being offered and/or having treatments:

- for which the safety and efficacy are not known
- which may be unnecessary
- that expose them to serious side-effects, and
- that may result in delayed access to more effective treatment options."

I would like to bring to your attention that conventional drugs incur severe side effects. This has been well documented. An example of negligence to provide 'safety and expose people to serious side-effects' is well explained in the information below:

The final ruling has been confirmed by the [redacted]: [redacted] vaccine causes autoimmune problems that cause sudden debilitation and/or death. This ruling supports claims that the vaccine is just too dangerous to risk, and to date we know of at least 271 [redacted] who've died after getting the vaccine, and over 57,520 reports of adverse reactions to the vaccine.

I believe your focus and concern should be on cleaning up conventional therapies and treatment as currently there are 28,000 to 54,000 Australians killed each year by medical treatment within the conventional system - iatrogenic deaths.

People are turning to complimentary medicine due to lack of success in restoring their health and wellbeing by main stream treatments. If you focus and put your attention into restoring conventional treatment based of "DO NO HARM" first the complimentary and alternative therapies would become obsolete!

I strongly oppose your intention to discredit and diminish access to complimentary therapies and Integrative Doctors. Let it be known that you are personally responsible for unnecessary premature deaths by allowing conventional medical treatments to be enforced that are doing more harm to life and humanity.

Majette Danowicz
Mob: [redacted]

**From:** David Darnell [redacted]
**Sent:** Friday, 29 March 2019 10:41 PM
**To:** medboardconsultation
**Subject:** "Complimentary" Therapies

Thank you for the opportunity to provide feedback with regard to the proposals for regulating medical practitioners practicing “complimentary/unconventional medicine”.

Firstly with regard to the descriptor I feel “unproven and/or unconventional therapies” to be a better descriptor. The use of the term “complimentary” implies value and hence should not be used and “therapy” would be more appropriate than “medicine” as it is more general and many of the treatments have no basis in science. Medicine implies at least some scientific rationale.

I agree with option 2.

Patient’s rights to choose there own therapy proven or otherwise is dependent on their having adequate knowledge of the scientific evidence for or scientific rationale for using a therapy. In the case of unproven “complimentary” or unconventional therapies this needs to be clearly defined. In addition proven or conventional therapies must also be offered to the patient if any are available. The patient is then in a position to make an informed choice.

Dr David Darnell

**From:** [redacted]
**Sent:** Sunday, 30 June 2019 7:50 AM
**To:** medboardconsultation
**Subject:** Public consultation on complimentary and unconventional medicine and emerging treatments

I was made aware of this Consultation only yesterday and wish to express my concern at this draconian attempt to control medical practice in Australia

May I remind the Board

1 The earth is flat

2 The sun is the centre of the universe

3 Man never went to the moon

4 Evolution is a myth

5 Swallows hibernate underwater in the winter

6 Butterflies are created spontaneously and do not come from caterpillars

**7 Chronic fatigue is a mental illness**

**8 Ulcers are due purely to stress and not caused by bacteria**

**9 There is no Lime Disease in Australia**

I certainly hope I didn't waste 25 years teaching Science and Medical students at UNSW for this sort of nonsense to continue. Stop denying the evidence in front of your eyes!

Sincerely

Antonio Luiz d'Assumpção

[redacted]

## How to make a submission to the MEDICAL BOARD of AUSTRALIA

*Individually written letters carry far more weight than a copied format. We thus ask you to write your own submission and to:*



Email it to medboardconsultation@ahpra.gov.au

Or mail it to The Executive Officer
Medical
AHPRA
GPO Box 9958
Melbourne 3001

NB Send as soon as possible. Submissions are due to close on 12th April 2019

*We suggest that in your submission you should:*

1 State your name and age and state of residency

2 Make known your interest and concern and preferred outcome. Issues that you may specifically wish to mention could include:
   a. That you have used Complementary or Unconventional or Emerging Medicine and that you value its availability and are happy with its practice.
   b. That your Doctor already provides discussion about options for treatment and their relative merits and potential problems.
   c. That you value free choice in making your decisions over your medical treatment.
   d. That your preferred choice of outcomes is:
      i. Option 1, retain the status quo
      ii. That if the Medical Board eventually decides to choose Option 2, for greater regulation, that it be modified from the current proposal, to ensure
         1. That it applies to ALL medical practitioners with the same onus of exhaustive exposition of all treatment options, research etc, and
         2. That the Board accept that Integrative Medicine, utilising Complementary or Unconventional or Emerging Medicine as well as conventional medicine, be recognised as a Speciality, in order to allow increased Medicare rebates to help cover the increased costs of fulfilling the new regulations.

3 Please do not state the name of your own Integrative Medical Practitioner

Signed by Maria Davey

Dated 5/4/19

I am a very old [redacted] year old & I put this down to the fact that my Integrative Medical Practitioner of almost ~~40~~ years is responsible. MARIA DAVEY

# IMPORTANT NOTICE to all patients

*The Medical Board of Australia is proposing to create a strict new set of regulations governing the practice of "Complementary and Unconventional and Emerging Medicine"*

The effect of these proposed Regulations will be to significantly increase the burden on Integrative Medical Practitioners, and so to increase the cost to patients of consultations. Also, there is almost certainly going to be a reduction of medical practitioners willing to practice Integrative Medicine and there will be an increase number of cases to deregister practitioners who are willing to continue practicing in this specialised area of medicine. Furthermore, many therapies currently available, including Bio-identical hormones, intravenous nutritional therapies for serious conditions and antibiotic use for Tick-borne illnesses, will be curtailed.

The net effect of these regulations will be to increase the cost and reduce the free choice of patients to see registered Medical Practitioners for specialised advice and treatment with an Integrative medical approach using the best of both orthodox and natural therapies with the latest research.

The stated reason for making these changes is that there have been some complaints from some patients about the standard of care of a few particular practitioners. What is not stated is that these complaints are no more frequent, and generally with less severe outcomes, than complaints against other modalities of medical practice. There is also no case made for why such rare occurrences cannot continue to be dealt with under the existing guidelines for good medical practice.

The unstated reason stems from a bias against the use of non-pharmacological therapies, as well as against progressive ideas in emerging medicine, irrespective of the latest research findings. There are specific aims to limit the treatment of Tick-borne diseases such as Lyme disease, as well as to limit the use of Bio-identical hormones, Acupuncture and Stem cell therapies.

The new regulations will create a discriminatory regime of double standards within medical practice where one group of medical practitioners must practice under a stricter set of guidelines than the rest of medical practitioners.

We urge you to protect your rights, and especially the right of those of you who can least afford it, to have access to the medical treatment of your choice, including the professional and ethical use of Complementary and Unconventional and Emerging Medicine. The Medical Board has released a discussion paper and called for Public consultation and submissions to AHPRA. Follow this link:

- Public consultation on complementary and unconventional medicine and emerging treatments (330 KB,PDF), Word version (713 KB,DOCX)

We ask you to send a personal letter supporting the continuation of the current existing guidelines for medical practice to the Australian Health Practitioners Regulatory Authority as soon as possible (submissions close by 12th April 2019) You may also chose to send the same letter to your local member of the Commonwealth Parliament.

With much appreciation

Your Integrative Medical Practitioner

**From:** Lyn Dawson [redacted]
**Sent:** Thursday, 28 February 2019 12:03 PM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments:

Issue 1. I have no objection to the terms 'complementary and unconventional medicine and emerging treatments.

2. I agree.

3. This to me is a grey area I neither agree or disagree.
Those who choose to go this route for treatment should research the the treatment and if unable to do so ask more questions of the practitioner.
I myself prefer to be treated by more natural unconventional ways as it works better for me. In saying this I do look into what is proposed well before I agree to it so. Many of the alternative treatments now being used here have long been used in other countries without any harm done.
As a country I sometimes think we are too cautious in embracing alternative medical practices already tried and tested in other countries.

4. No comment on this.

5. Safeguards are always necessary for any medical practice.

OPTIONS

I would to keep option one.

To make the change you are looking for means people like me who prefer the unconventional method of treatment, will lose out. If anything this should be supported and encouraged.

Regards

Lynette Dawson

**From:** [redacted]
**To:** medboardconsultation
**Cc:** [redacted]
**Subject:** Drafy Guidelines on complementary and unconventional medicine.
**Date:** Friday, 3 May 2019 5:30:09 PM

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Dear Colleagues,

I applaud the Medical Board for taking action regarding this very pervasive issue in our healthcare system.
In the 37 years I have been involved in rheumatology, it has appeared to me to be one of the most difficult areas to navigate with our patients, made much worse by misinformation on the Internet and through friends or family . Everyone has a cure for arthritis! This delays or deflects the benefits of early intervention and minimisation of damage which occurs in inflammatory arthritis. I have been involved in many campaigns, including chairing the Rheumatoid Arthritis section of the 6th National Health Priority for the Federal government which garnered agreement from all the sections of Health bureaucracy in the Commonwealth to achieve early intervention (in RA, OA and osteoporosis).
We cannot dictate what a person may choose to do or consume for their own health, if they are of sound mind.
However, for many years now medication with no rational or scientific evidence for efficacy and safety has been strongly promoted to the Australian public by individuals and organisations with what seems only to be a profit motive.

When properly trained and registered medical practitioners join in the fad, using the flimsy argument that they may be able to also influence those patients to follow more acceptable advice by appearing to agree to unproven treatment/quack remedies, they cross a line which is unacceptable. Although some may appear altruistic in so doing, most will again have a profit motive. For some time now, accredited Universities have offered courses in Complementary Medicine, which appears to be cashing in on this trend *.
Over the years, when rumours of an effective herbal or other remedy reaches a reasonable level of anecdotal evidence , then institutions such as UTS , where there is a department [redacted] may be able to confirm or refute the claims being made and so provide a rational and reasonable approach to the claim of efficacy of a particular agent in certain diseases. This at least is a scientific approach to the problem, although proof of inefficacy does not seem to prevent the agents still being sold to a gullible or desperate public. I would strongly suspect that funding would limit this research significantly.
I feel there has to be some sort of control over marketing and claims of efficacy for products in the health area, similar to the protection that exists for consumers of goods and services in this wonderful country. Would AHPRA and the Board be able to do this?

Yours faithfully,

Julien P de Jager
Professor of Medicine
Senior Visiting Rheumatologist,
[redacted]

* Complementary Medicine course [redacted]

Evidence-Based Complementary **Medicines** course [redacted]

**From:** Marnie Dean [redacted]
**Sent:** Wednesday, 13 March 2019 10:21 AM
**To:** medboardconsultation
**Subject:** Public consultation on clearer regulation of medical practitioners on complementary and unconventional medicine and emerging treatments

Dear Australian medical board,

i am very disappointed about the changes being made to Health funds and medical practice in Australia in recognising complimentary alternative health practices. I believe treatments like Naturopathy, Acupuncture, Homeopathy, Energy Healing etc. should not be penalised at all but recognised as treatment protocols that compliment traditional medical practice.

I myself have suffered a number of illnesses and have sort both allopathic and complimentary treatment to heal myself of my problems. I feel angry that the Government is going to limit the choices of how I approach my health care.

Traditional medicine is certainly the best and most respected field of practice, however these alternative practices do not replace medicine, they compliment the mainstream practice and offer different approaches especially for the management of stress and they support the treatment of cancer (complimentary to traditional medicine) with tremendous success. For example the treatment for cancer is quite a difficult thing to undergo, chemotherapy is taxing on the body and complimentary health practices can support a person while they are undergoing such life-saving treatment (they do not replace chemotherapy)!

My heartfelt wish is that complimentary and alternative health practices be recognised in Australia as that, as systems and treatment protocols which support and do not replace mainstream allopathic practice. Australian healthcare should recognise the existence of all health treatments and give people the choice and freedom to approach their health the way they deem appropriate! If the Government dictates these things then we are loosing democracy and freedom!

Practically, Alternative and complimentary health services can exist as a support system to mainstream medicine, both services are fundamental to a universal and wholesome approach to healthcare.

Kind Regards

Marnie Dean
[redacted]

**From:** George Dellas [redacted]
**Sent:** Wednesday, 3 April 2019 7:57 PM
**To:** medboardconsultation
**Subject:** 'Consultation on complementary and unconventional medicine and emerging treatments'

To whom it may concern

It has come to my attention that the MBA regulations group have unreasonably and unjustifiably grouped "complementary and unconventional medicine and emerging therapies" into a single definition.

Firstly, Complementary medicine is safe and has nothing in common with unconventional and emerging therapies. I am surprised that although the MBA profess to be based on scientific principles and research that it makes me wonder why then that the MBA regulations group is ignorant to the fact that Therapeutic Goods Administration who regulates complementary medicine has never been able to confirm a single death in Australia that directly resulted from using complementary medicine? However, by contrast, it is estimated that there are around 650,000 hospital presentations/admissions every year due to practice of conventional medicine and that conventional medical practitioner's prescribing habits are influenced by pharmaceutical company enticements! Shouldn't the MBA regulations group be more concerned regulating the practice of conventional medicine and pharmaceutical prescribing bias?

Given that it is estimated that one third of Australian GPs utilise some aspects of complementary medicine within their medical practice, being referred to as Integrative medicine, this could be suggestive of the use of complementary medicine as being current conventional medicine practice. These proposed regulations by the MBA only serves to create unnecessary division between medical practitioners and guidelines, given that the current Code of Practice already addresses all safety and efficacy issues related to all medical practitioners including Integrative Medicine.

From my view point, it appears that the MBA regulation group are not acting on the clear evidence at hand on complementary medicine but are instead have blinkers on based on unfounded rhetoric and dogma in relation to complementary medicine! As a member of the general public and user of integrative medicine and complementary medicine, I urge the MBA regulation group to select 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. Better still, use common sense and disassociate complementary medicine from unconventional medicine and emerging treatments.

Yours sincerely

George Dellas

**Submission to the Medical Board of Australia**

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# Public Consultation on Clearer Regulation of Medical Practitioners who Provide Complementary and Unconventional Medicine and Emerging Treatments

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Chris Dent, School of Law, Murdoch University

**May 2019**

**Contact Details**

Dr Chris Dent,

Associate Professor, Murdoch University

Email: [redacted]

The Medical Board of Australia (the Board) has asked for submissions with respect to the clear regulation of medical practitioners who provide unconventional treatments to their patients. I am an academic who has published in the area of regulatory theory, and who has taught Health Law, at a Masters level, at Murdoch University since 2016. My comments, therefore, are based on my knowledge in these areas – and will not touch on the more practical aspects of the consultation paper.

**Questions 1 and 2**

If the point of the new guidelines is to reinforce the legal obligations that medical practitioners already have towards their patients, then there may be value in adopting language other than that suggested by the Board. Nothing substantive in the two options of potential reform impacts on the obligations of the practitioners. Reinforcing the obligations through a clearer choice of language may be more effective. That additional effectiveness would arise from reducing the ambiguity that may arise from the introduction of a set of terms that are currently not used to regulate doctors' behaviour. That is, the law does not, currently, use the terms "conventional" or "unconventional" medicine. To define "unconventional" medicine in terms of "conventional" medicine, when there is no agreed definition of the latter term, promotes uncertainty.

An alternative would be to use the language, already in the law, that has been accepted and incorporated into the practice. Section 5BP(1) of the *Civil Liability Act 2002* (WA) states that 'an act or omission of a health professional is not a negligent act or omission if it is in accordance with a practice that, at the time of the act or omission, is widely accepted by the health professional's peers as competent professional practice'.[1] The key part is that the practice is "widely accepted" by the profession. The benefit of using a definition based on this understanding is that of allowing the case law, which continues to develop around the notion, to be used to further clarify the obligations of practitioners.

Given this basis, the term used for "complementary and unconventional medicine and emerging treatments" could be as simple as "non-accepted treatments". That term could then be defined

[1] As another example, the equivalent Victorian provision is not specific to health practitioners, but is generalised to all professionals – a 'professional is not negligent in providing a professional service if it is established that the professional acted in a manner that (at the time the service was provided) was widely accepted in Australia by a significant number of respected practitioners in the field as competent professional practice in the circumstances': *Wrongs Act 1958* (Vic), s. 59(1).

to be treatments that are not "widely accepted by the health practitioner's peers". A distinction could be drawn between "non-accepted treatments" and "unacceptable treatments" – with the former being available, but with legal consequences arising from their use, and the latter never being available (such that their mere use could give rise to legal consequences).

One effect of using the "non-accepted treatment" term and definition could be that a practitioner would be liable, in negligence, for all reasonably foreseeable harms that was caused by that treatment. This effect arises because, by definition, the use of the treatment is caught by section 5BP of the WA Act. That is, to use one of the examples in the Consultation Paper, if the patients were proven to have suffered reasonably foreseeable harm from the prescription of anabolic androgenic steroids in *Medical Board of Australia v Singh*,[2] then the practitioner would have been liable in negligence. If one purpose of this reform is to highlight the risks, to the practitioner, of recommending this non-accepted treatments, then an implicit reminder of the potential consequences of their use may have positive benefits.

To be clear, "widely accepted" does not have to mean "universally accepted". Again, in medical negligence law, a doctor has a defence even if there is another widely accepted practice that conflicts with practitioner's action.[3] If the case law is considered, then the *Bolam* principle can be articulated as a 'doctor must act in accordance with *a* responsible and competent body of relevant professional opinion'.[4] The fact that the principle does not focus on "the responsible and competent body of opinion" means that the law accommodates the possibility that a range of practices may be seen, by different groups of doctors, as appropriate.

One of the concerns that has been raised in public about this consultation process is that it would facilitate a 'crackdown' on the use of 'natural therapies' by doctors.[5] The use of language associated with the law that apportions liability may reassure such doctors that, as long as a "responsible and competent body of professional opinion" supports the use of natural therapies, any changes to the Board's guidelines should not impact on their practices. In other words, to adopt the language of the quoted story, as long as 'integrative medicine' is seen as

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[2] The decision of the State Administrative Tribunal notes that one of the expert witnesses was of the opinion that 'at least some harm … is potentially attributable to the treatments administered' and there is 'evidence of severe harm likely attributable to the treatments administered': [2017] WASAT 33, [316]. This is not the same as a court finding that the treatment caused the harm.

[3] *Civil Liability Act 2002* (WA) s. 5BP(3).

[4] *Re F* [1990] 2 AC 1, 78, citing *Bolam v Friern Barnet Hospital Management Committee* [1957] 1 WLR 582, emphasis added.

[5] E. Kennedy, 'Complementary medicine crackdown by Medical Board has doctors fearing natural therapies ban', 6 April 2019, https://www.abc net.au/news/2019-04-06/medical-board-considering-complementary-medicines-crackdown/10972770, last accessed 3 May 2019.

"competent professional practice" by their peers, then it would not be contrary to new guidelines. On the other hand, any recommendation of treatments that the science says are dangerous – such as toxic levels of vitamins – would not be seen as a "responsible" treatment option.[6]

Of course, none of this absolves the practitioner of the need to get the informed consent of the patient. This applies whether the treatment is a pharmaceutical that is being prescribed in accordance with this regulatory approval or whether the treatment relates to nutritional supplements. A patient needs to understand the nature of the treatment and the risks inherent in the treatment.[7] With respect to those risks,

> Unless such risks may be classified as "immaterial", in the sense of being unimportant or so rare that they can safely be ignored, they should be drawn to the notice of the patient. Only then can an informed choice be made by the person who alone, in law, may make that choice, namely the patient.[8]

Or, to quote the Board's Guidelines, doctors should ensure that 'patients are informed of the material risks associated with any part of the proposed management plan'.[9] Further, the Code requires that doctors discuss the patient's 'condition and the available management options, including their potential benefit and harm'.[10] That a treatment plan can be categorised as a "natural therapy" or "complementary medicine" (to return to the language of the Consultation Paper) would, at least on its face, appear to be something about which the patient should be informed, and as a consequence, the patient should be told of any risks associated with the treatment.

In short, the language contained in the Consultation Paper may not be ideal. It appears, at the very least, that it has promoted concerns within sectors of the profession. Making the language more uniform across the various regulatory processes that bind doctors should reduce ambiguity and, as a result, promote compliance. I strongly suggest, therefore, that the concepts that area already well accepted in the area of negligence law be used when regulating non-traditional medicine.

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[6] There is no suggestion that the practitioners referred to in the news article are recommending dangerous treatments to their patients.
[7] *Re C (Adult; Refusal of Treatment)* [1994] 1 WLR 290.
[8] *Rosenberg v Percival* (2001) 205 CLR 434, 482.
[9] *Good medical practice: a code of conduct for doctors in Australia*, 2014, clause 3.3.6.
[10] Ibid., clause 3.3.4.

**From:** Kerrie Dent [redacted]
**Sent:** Saturday, 30 March 2019 10:50 AM
**To:** medboardconsultation

Sent from my To Whom It May Concern
I am concerned about The Medical Board attempting to impose practice restrictions on doctors who practice integrative medicine in Australia.
I do not want this to happen as I believe in complementary medicine and emerging treatments for myself and my family....Freedom Of Choice
Kind regards Kerrie Dent

| | |
|---|---|
| **From:** | Sheona Devin |
| **To:** | medboardconsultation |
| **Subject:** | Consultation on complementary and unconventional medicine and emerging treatments |
| **Date:** | Monday, 1 July 2019 7:36:49 PM |

Dear Sir/Madam

I wish to submit the following for your consultations in regards to Integrative Medicine.

No new regulations are required for doctors practising in the areas of complementary medicine and integrative medicine.

I have chosen to see Integrative Medicine doctors because:
My GP doesn't have all the answers-
I want to be involved in my own and my family's care and this requires time in consultations an additional medical training that I found in my integrative medicine doctor.

Conventional medicine provided no answers about why I was sick nor my children and I
needed medical care with a wider range of diagnostic and treatment options.

Kind Regards
Sheona Devin

**From:** Steve Dicks [redacted]
**Sent:** Friday, 14 June 2019 11:36 AM
**To:** medboardconsultation
**Subject:** Maintaining access to complementary and integrative medicine

Dear MBA
I am writing to express concerns at plans to create would effectively be a 2-tier system for Australia's health practices - which denigrates equally professional and evidence-based treatment regimes by grouping them with 'fringe' treatments.

By inference, this is suggesting complementary medicine falls out of the measured and proven treatment regimes into the pseudo science zone.
My understanding is that the existing Good Medical Practice: A Code of Conduct for Doctors in Australia already protects patient safety and regulates doctors who practise integrative health and complementary medicine.

Is your proposed move based on an analysis of defined risks from complementary or integrative health treatments or reports of adverse effects? If so, these could perhaps be compared with risks and side effects from conventional treatments and prescriptions?

Based on several decades of benefiting from complementary medicine, I am concerned that our community may be scared off considering a more wholistic approach to maintaining health. Linking complementary medicine and integrative health practices with phrases like 'inappropriate use' creates unwarranted fear and uncertainty.

I trust you will provide a balanced forum where these concerns can be discussed and due professionalism recognised and correctly articulated.,
If the intention is to enable a wholistic best practice approach embracing both traditional and complementary medicine, I salute you. If regulations seek to stifle and restrict this, I fear for the future health of our citizens.

Yours sincerely
Steve Dicks
[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

**From:** Paul Dimatteo [redacted]
**Sent:** Thursday, 4 April 2019 7:43 AM
**To:** medboardconsultation
**Subject:** 'Consultation on complementary and unconventional medicine and emerging treatments'

I have some concerns with the the 'Consultation on complementary and unconventional medicine and emerging treatments'

Whilst western medicine continues to profit from alive but sick people, there is no incentive to cure people. Western medicines approach to scientifically proven benefit whilst ignoring the serious side effects of most of your drugs continues to leave disease suffering humans without treatment; this will further add to the lack of treatment of the hopeless under your western medicine system... pathetic. Look at Cuba and its medical success with limited western medicine. Look at China and India with traditional medicine.

The concerning areas are:

- The grouping of integrative medicine with 'unconventional medicine' and 'emerging treatments' may create the impression of being "fringe" rather than evidence-based
- That many of the terms used in the rationale such as 'unconventional medicine', 'inappropriate use' and 'emerging treatments' leads to ambiguity and uncertainty
- That the term 'complementary medicine' also includes access to traditional medicines
- No evidence produced in the discussion paper quantifies risk in practicing complementary or integrative medicine vs 'conventional' medicine
- That there was NO consultation with the Integrative Medicine or complementary medicine community before the document's release
- That the current Good Medical Practice: A Code of Conduct for Doctors in Australia already adequately regulates doctors' practise and protects patient safety. There is no need or justification for a two-tiered approach
- That the right of patients to determine their own medical care is under threat
- That the lack of clarity on how to determine what is 'conventional' versus 'unconventional' can be misused by people with professional differences of opinion which results in troublesome complaints

**From:** John Doe
**To:** medboardconsultation; [redacted]
**Subject:** Response to Medical Board Submission
**Date:** Sunday, 30 June 2019 4:16:32 PM
**Attachments:** Response to Consultation Paper MBA.docx

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The following is a detailed response to the MBA Consultation. Due to concerns regarding the present biases of the Medical Board against Integrative Medical Practitioners, I have chosen to de-identify this document.

However, I request that this response be presented for Public Presentation.

# Response to Consultation Paper MBA

The following is a detailed response to the MBA Consultation. Due to concerns regarding the present biases of the Medical Board against Integrative Medical Practitioners, I have chosen to de-identify this document.

However, I request that this response be presented for Public Presentation.

# SUMMARY OF CONCERNS

The following is a list of concerns with the Consultation Paper:

## 1) THE CLUSTERING OF DISPARATE THERAPIES

The approach of this paper and guidelines to address 'complementary and unconventional medicines and emerging treatments' together appears a cover all cluster for multiple perceived concerns of the Board.

**It infers relationships that do not necessarily exist and therefore inflates the assumed risks and dangers of all therapies that may fit under the entire catch all term.**

This is highlighted by the examples of the tribunal decision:

Concern regarding end life care of 2 patients using Complementary Medicines

Concerns regarding Stem Cell therapies arising from Sports Medicine practices

Concerns regarding anabolic androgenous steroids use where the intent of prescription has not been specified. This is a major social issue, no different to misuse of opioid prescriptions, and therefore is considered to be inappropriately used in this framework.

## 2) NO GENUINE EVIDENCE THAT A RELATIVE INCREASE IN PUBLIC RISK IS ASSOCIATED WITH THE COMPLEMENTARY MEDICINE

No evidence is presented that Complementary Medical practice (I do not answer for other practices in the cluster) represents an increased risk. Indeed, stakeholders may have concerns, but concerns should be validated by evidence.

**No evidence is presented of relative risk increase of CM which would validate the need for additional guidelines beyond that of the GOOD MEDICAL PRACTICE.**

This is a concerning oversight given the manner in which the paper and guideline (in particular, the Background) is presented.

## 3) FAILURE TO COMMUNICATE WITH AND CONSULT SIGNIFICANT STAKEHOLDERS IN THIS PROCESS

It would be assumed that stakeholders would include various groups most affected by the consultation paper and guidelines, namely the medical doctors practicing in the fields under review.

**For instance, there is no indication that the RACGP, the IM Special Interest Group of the RACGP, The Australasian Integrative Medical Society or the Australasian College of Nutritional and Environmental Medicine have been communicated with or consulted on the constructs of the consultation paper or guidelines.**

## 4) NEGATIVE PREMISE AND PRESENTATION OF CONSULTATION AND GUIDELINES INCONSISTANT WITH THE GOOD MEDICAL PRACTICE GUIDELINES

The wording of the consultation and guidelines background in the main reads as a litany of risks and dangers that has the capacity to strongly bias the independent reader towards a negative and fearful view of complementary medical practice. It discusses all of the potential dangers and conflicts of a CM medical practitioner, uses specific tribunal decisions but no indication of relative risk etc to preface the guidelines.

Compare this to the GOOD MEDICAL PRACTICE guidelines that whilst identifying the need for adherence to high standards, does so emphasizing the positives of the doctor patient relationship, within an encouraging framework, without detailed examples.

**The premises and approach of the Board in presenting this consultation paper endangers biasing the independent reader towards a negative view of the medicine in focus. This will certainly risk shaping the discussions of this issue and furthermore raises major concerns in relation to the intent of the use of these guidelines in the future amongst many doctors practicing CM. It also raises concerns (valid or not) of perceived bias in regard to the authors of the consultation paper and guidelines.**

## 5) POTENTIAL FOR INVOLVEMENT OF PARTIES WITH A PERCEIVED BIAS TOWARDS CM PARTICIPATING IN THE DRAFTING OF CONSULTATION AND GUIDLEINES

There are concerns that individuals and organisations that are perceived to have biases against CM practices have been involved in the identification of the need for guidelines as well as the drafting of paper and guidelines which require further investigation.

## 6) FAILURE COMPLETELY TO IDENTIFY AN OBVIOUS OPTION 3

A more effective consultation process would have identified a simpler option than option 2 that would be less divisive in its presentation and application.

**OPTION 3: THE INSERTION OF AN ADDITIONAL SECTION INTO THE GOOD MEDICAL PRACTICE GUIDELINES THAT ADDRESS THE SPECIFIC ISSUE IN RELATION TO COMPLEMENTARY MEDICINES.**

**DUPLICATION WOULD NOT BE REQUIRED FOR MANY OF THE SECTIONS THAT ARE PROPSOED TO BE DUPLICATED BETWEEN THE GOOD MEDICAL PRACTICE DOCUMENT AND THE PROPOSED GUIDELINES (Assessment, Treatment, Conflicts of Interest etc).**

This option would have the advantage of:

1) Being far less divisive in presenting two separate guidelines. As stated, both guidelines apply to all doctors irrespective of practice. Why two separate guidelines?
2) Consistency of approach. As indicated, the two guidelines and associated papers are written upon differing premises which infer different values, ethical standards etc upon the reader of the doctor addressed.
3) Avoiding needless repetition. Both guidelines address many similar requirements. There is no need for repetition where standards do not differ between the practices of medical doctors.
4) Avoiding obvious disparities in the expectation upon complementary practitioner e.g. 3.2 in how to address Conflicts of Interest compared to 8.1 & 2 in the GOOD MEDICAL PRACTICE

**THE GOOD MEDICINE PRACTICE IS DUE FOR REVIEW IN 2020.**

# Option 3

It is suggested that a new Section be instituted in the current GOOD MEDICAL PRACTICE guidelines rather than a separately prepared guideline.

Example of a suggested Option 3 that may be worked upon:

## USE OF COMPLEMENTARY MEDICINES

The use of complementary medicines is increasing and includes a wide range of practices from minimally invasive to major complex interventions. The medicines and treatments may be used as an alternative to conventional medicine or used in conjunction with conventional medicine.

All medical practitioners are required to adhere to the same standards when addressing and/or prescribing the use of complementary medicines for their patients as set out throughout the GOOD MEDICAL PRACTICE guidelines.

In particular doctors should be aware of when addressing and/or prescribing complementary medicines or treatments:

- Being suitably educated and trained to discuss or prescribe complementary medicines or treatments with your patients
- Identifying to your patients when you lack the knowledge to discuss and/or prescribe complementary medicines with your patients
- Be aware of and address conflicts of interest particular to the use of complementary medicine prescription and treatment and address these in a manner consistent with 8.1 and 8.2 of the GOOD MEDICICAL PRACTICE
- Be aware of and address Informed Consent particular to the use of complementary medicine prescription and treatment and address these in a manner consistent with the GOOD MEDICAL PRACTICE
- Ensure all relevant conventional medical assessments and tests have been undertaken and provide an appropriate set of differential diagnosis within a conventional medical context
- Retain a balanced approach in the use of conventional and Complementary Medicines that does not discourage the use of the former when appropriate
- Ensure there are no delays of treatment or referral to specialty care from the use of Complementary Medicines
- Fully document all Complementary Medicine assessments and interventions in accordance with the guidelines set out in the GOOD MEDICAL PRACTICE guidelines.
- Communicate all relevant and appropriate information required by other treating doctors whether, mainstream or complementary including investigations, diagnoses, treatments and progress

- Advertising to the standards in the GOOD MEDICAL PRACTICE guidelines irrespective of whether advertising for mainstream and/or complementary care
- Ensuring that the provision of any Complementary Medicine complies with the Therapeutic Goods Administration
- Be aware of and address conflicts of interest particular to the use of complementary medicine prescription and treatment and address these in a manner consistent with 8.1 and 8.2 of the GOOD MEDICICAL PRACTICE
- Adhere to ethical principles of End of Life Care.

## 7. SPECIFICALLY INAPPROPRIATE GUIDLINES THAT PLACE DISPARATE STANDARD OF PRACTICE UPON COMPLEMENTARY MEDICAL DOCTORS IN COMPARISION TO THE GOOD MEDICINE PRACTICE GUIDELINES

There would appear to be notable difference in standards of practice in regards to:

1) Conflicts of Interest. All doctors have conflicts of interest that must be managed in a similar manner. Sections 3.2 of the Proposed Guidelines and 8.1 & 2 in the GOOD MEDICAL PRACTICE are not consistent. Conflicts of interest must be managed ethically in all medical practice, it is impossible not to avoid them entirely.
2) The specifically defined extent of documentation expected in the proposed guidelines that are unreasonable in terms of time consumption and not defined in the GOOD MEDICAL PRACTICE.
3) The requirement to supply 'all' as opposed to relevant and appropriate tests to all other medical practitioners. This requirement would be overly 1) time consuming 2) costly 3) assume a level of scrutiny by ever other doctor of a CM doctor's practice that risks vexation complaints, bullying and harassment by any doctor who simply does not agree with the practice.
4) Applications of the guidelines that must be further reviewed as, contrary to the assumptions of the Board, they may have implications upon Restriction of Trade.

# NOTES ON CONSULTATION PAPER:

(1) The repetitive clustering of 'complimentary and unconventional and emerging' treatments is completely inappropriate as it represents an inferred relationship that does not exist. e.g. complimentary medicines and the use of anabolic androgenous steroids, STEM cell therapies (both of which are Sports Medicine issues). A clearer notation should be made throughout any paper and guidelines to not allow for such an inference.

(2) It is significant that at this point Draft Guidelines have already been created without prior consultation and consultation is only available to critical stakeholders such as the medical doctors who will be most concerned by these changes. Any genuine attempt to draft guidelines of this nature should have been undertaken with appropriate representation from a medical doctor within the addressed group. There is no indication that this has taken place nor communication been made with medical organisations that represent the primarily addressed community e.g. Australasian Integrative Medical Association, Australian College of Nutritional and Environmental Medicine, RACGP Special interest Group

(3) The Board publishes submissions at its discretion. This is of concern in regard to transparency and accountability. The Board should publish all submission without bias with the additional option for a

submission to be published but de-identified if the contributor wishes his/her opinion to be publicly presented but to remain anonymous.

(4) Can it be clearly defined who the primary stakeholders in this discussion are who registered concerns? Furthermore, who are primary authors of the document from amongst the Board. The Integrative Medical Community are highly weary of independent organisations specifically wishing to change government policy against complementary medicines. It is noted that at least three member of the medical board belongs to 'Friends of Science in Medicine' or are members of organisations associated with FSM (FANZOG).

(5) It is of concern that the Board states that it will provide supporting documents based on the discussion paper that will further define by inference complimentary medicine however what these documents comprise appear to be at the discretion of the board.

This is unprecedented and contradictory to the documents of 'GOOD MEDICAL PRACTICE 1.3 which states:

"This code is not an exhaustive study of medical ethics or an ethics textbook. It does not address in detail standards of practice within particular medical disciplines; these are found in the policies and guidelines issues by medical colleges and other professional bodies.'

Indeed, there are no such supporting documents extent in the GOOD MEDICAL PRACTICE GUIDELINES, however the Board proposed to do this within this paper.

This further begs the questions, why should there be an independent guideline. If adjustments need to be made to Medical Guidelines to account for Complimentary Medicine Use then these adjustments should be made within the GOOD MEDICAL PRACTICE document given that the proposed document applies to all doctors whose patients use complimentary medicines irrespective of whether or not they themselves prescribe (i.e. every doctor, given population CAM usage).

AN OPTION 3, THAT CURRENT GOOD PRACTICE GUIDELINES BE ADAPTED TO INCLUDE THE USE OF THE DISCUSSED MEDICINES HAS NOT EVEN BEEN RAISED.

## QUESTIONS

1. No term should link the three terms in a single sentence. The three terms are not mutually inclusive. The three terms should be separated if they are to be addressed in the guidelines so as not to infer mutual inclusivity.

   For instance, two of the primary registered complaints document involve non-complementary medicines that are primarily used by Sports Medicine practitioners (Stem Cell and Anabolic Steroid Use).

2. See above

3. All medicines involve risks, contraindications and precautions. What is of concern is that the Board are willing to accept these risks when it comes to mainstream medicines as a relative risk. However when it comes to the medicines being considered under this regulation, risk is being implied simply by the documentation of board reports.

   The Board does present any evidence that patient harm or doctor impropriety is any greater when comparing the medicines under review and mainstream medical protection. Do doctors of 'complementary and unconventional and emerging treatments' represent a greater relative risk of negligence or otherwise than mainstream medical evidence or other subgroups of medical providers? This has never been statistically demonstrated, or, if so, clearly documented. Without doing this it is difficult to argue for the needs for selective guidelines involving the vast majority of medical practices within the defined categories/

4. Concerns may be raised, however do they represent genuine concerns with an increased relative risk to the public?
5. Safeguards are required by both patients and medical practitioners, the latter of whom should not be held to a separate and disparate level of scrutiny compared to mainstream medical doctors if the relative risk is not greater than current medical practice.

Re: Footnote; It is questioned why this definition of practice has been included in this specific document. If this definition does not exist with the GOOD PRACTICE GUIDELINES why has this definition found its way into the Guidelines

## OPTIONS

OPTION 2 depends upon the Guidelines being amended so as not to represent a disparity of expectations being placed upon mainstream medical practices in compare to doctors who practice 'complementary and unconventional and emerging' treatments.

**It is of concern that the Board has not considered an OPTION 3, that current GOOD MEDICAL PRACTICE guidelines are adapted to present a single document that applies to all medical practitioners given the all-inclusive nature that the proposed document represents.**

## BACKGROUND

No stakeholders have been mentioned. Who have these complaints been received from? Where is the transparency and accountability in the process of making a complaint? Unless the complaints can be shown to represent a relatively increased risk as compared to mainstream medical practice, why does it need to be exclusively defined by a separate practice paper?

## DEFINITIONS

As complementary and alternative medicine does not include all of the concerns address, why cluster it with other medical approaches and after which claim greater concern because of the expanded and clustered definition?

## PRACTITIONERS

It is interesting to note that the Board is aware of the AIMA, however would appear not to have even consulted the AIMA even to establish is membership numbers.

The Board makes no mentions of Australasian College of Nutritional and Environmental Medicine nor the Special Interest Group of the RACGP.

This in itself is of concern given the level of consultation that the Board has made with medical practitioners in the fields of its concerns.

## CONSUMER EXPENDITURE

2/3 of the population use CM. This implies every doctor will fall under the proposed guidelines. This further argue for a single amended GOOD MEDICAL PRACTICE document rather than an exclusive document as presented OPTION 3. Such a document should be drafted with representation from the respected members of the Integrative Medical Community from the first, not a preformulated document presented as currently is being proposed.

## ISSUES AND CONCERNS

Issues addressed throughout this document allow for no balanced discussion. For instance, guidelines do exist for drug-nutrient and drug herb interactions.

Conflicts of interest occur in every form of medicine. Every doctor has a financial interest within their practice in how often they see a patient, what they charge for a consultation, what they charge for a procedure. Disclosure is an imperative of all practices. For this reason conflict of interest issues apply ubiquitously meaning there should not be exclusive rules that apply to doctors who practice CM.

## CONCERNS ABOUT THERAPIES

Who is to define 'accepted indications'? If accepted indications are subsequently defined by medical doctors with personal views against CM medicines how will this evidence compare to educators of CM, particularly those whose courses have received accreditation from reputable bodies i.e. the RACGP.

## ADVERSE EVENT DATA

Under reporting of adverse events data occurs across all medicine.

A single case study demonstrating a reaction to stem cell research is documented. However there is no mention of the relative risk associated with stem cell treatment. Should not this be defined within the scope of an argument against any form of therapy (I have no knowledge of stem cell therapy, the point is made to highlight the inappropriate use of single case study to imply increased risk.)

## COMPLAINTS AS A SOURSE OF INFORMATION

1) Of the list, half apply to all medical practitioners (failure to consider differential diagnosis, treating as same condition, failure to refer, failure to manage co-existing conditions, promoting indiscriminate use of health services, high fees and financial exploitation…how many specialists are ever questioned regarding high fees).
2) The example of prescribing when not clinically indicated needs further clarification. If a patient has normal laboratory findings for hormones but symptomology indicates hormones is this clinically indicated?

## RELEVANT TRIBUNAL DECISIONS

1) Again, there is no attempt to indicate whether or not the number of tribunal decisions demonstrate an increased relative risk of spotlighted practices under the scope of this paper as compared to normal medical practice. Why propose an exclusive guideline for these medical practice if a relative increased risk has not been demonstrated? From 2010 to 2017 11 case studies are presented. How does this relate to all tribunal decisions against all doctors. No indication is given.
2) Furthermore, if the decisions are broken down into specific categories rather than clusters, this relative risk calculations becomes less again. For instance, there are only 2 instance of CM practice, both in relation to cancer treatment.
3) 5 recordings of the use of anabolic androgenous steroids further highlights the misuse of clustering in this address. The likelihood is that some if not all of these decisions occurred as a result of sport's related misuse.
4) Stem cell therapy is a sports medicine practice. Your clustering is inappropriate.
5) These tribunal decisions come under 4 specific categories a significant subset of CM/unconventional/emerging medicines. If exclusive guidelines are required, why not police these categories specifically rather than a catch all CM/unconventional/emerging medicines framework.

## NATIONAL LAW/CODE OF CONDUCT/ADVERTISING/ACCC

The documented statements apply to all doctors practicing in any way. They do not need to be specifically repeated in regard to the practices under the spotlight within any paper or additional guideline.

## THERAPEUTIC GUIDELINES

It is acceptable to recommend that any product prescribed by a doctor, whether pharmaceutical or CM, should be a satisfactorily regulated product under the TGA. Many high-quality supplement are registered by the TGA allowing for safe and ethical prescription for doctors practicing CM.

## PROFESSIONAL ASSOCIATIONS

1) It is highly indicative of the manner in which this document is written that it only mentions 'should not practice' in regards to homeopathy as the position of the RACP. The absence of knowledge or reference to the RACGP Special Interest Group in Integrative Medicine is telling as would be the lack of collaboration with such a group in drafting this document.
2) No mention of the Australasian Integrative Medical Association as a professional association.
3) No mention of the Australasian College of Nutritional and Environmental Medicine.

## OTHER JURISDICTIONS

It is interesting to note that quoted jurisdictions restrict themselves to statements upon complementary and alternate medicines that would subsequently not include unconventional ins definitions.

This clustered grouping is a precedent of the Board that in my opinion is inappropriate and infers a relationship that inflates the perceives risk profiles of each of the individual medical approaches.

## OPTIONS REPRESENTED

While it is reasonable to identify specific areas of qualification for the medical areas discussed, it would be inappropriate to put in place non-equitable standards in which doctors are expected to practice according to guidelines that are not equivocal to the GOOD MEDICINE GUIDELINES.

## PREFFERED OPTION

Why is the Board advocating a preferred option prior to consultation? This is introducing a bias to the consultation process that is inappropriate.

# DRAFT GUIDELINES

It is outlined that the guidelines are to be used to assist the role of protecting the public.

However, a secondary necessity of the guidelines is that the Medical Board does not place any practitioner in a position in which they are placed at an increased risk of vexatious complaints, bullying and harassment by fellow professionals through the implications of these guidelines as well as the further implications of mandatory reporting.

There is a concern, therefore, that by specific devising of guidelines targeting a specific subset of medical practitioners, as opposed to including additional points within the GOOD MEDICAL PRACTICE as inclusive to all doctors, that this may occur. This is of genuine concern, given a public environment in which some doctors and academics are openly antagonistic towards the use of complementary medicine.

Complaints may potentially increase against medical doctors simply because they are perceived by other doctors to be breaking guidelines simply in practicing some element of complementary medicine within their practice.

## BACKGROUND

1) It is of concern that the Background appears to be a list of complaints against the field of medicine that the guidelines are to regulate. It is not a neutral statement but a list of potential negatives. This leads to concerns regarding the intent of the use of the document when it is specifically applied. It also calls into question the potential bias of the authors of the Draft.

Compare this to the associated document GOOD MEDICAL PRACTICE 1.1 – 1.4 and it is hard not to believe that an underlying bias is not inherent in the drafting of this document:

e..g The title itself GOOD MEDICAL PRACTICE , ‘characterise good medical practice’, ‘the practice of medicine is challenging and rewarding’, ‘good doctors’, support individual doctors in the challenging task of providing good medical care’

In 1.4 we are reassured that:

‘Patients trust their doctors because they believe that, in addition to being competent, their doctor will not take advantage of them and will display qualities such as integrity, truthfulness, dependability and compassion.’

‘Professionalism embodies all the qualities described here, and include self awareness and self reflection’

However, in the Drafted Guidelines the first 7 paragraphs list multiple points regarding risks to patients without a single positive comment being made towards the practices in question.

2) Many of the listed risks are not isolated to complementary, unconventional or emerging treatments such that it is inappropriate to exclusively list them within the background

All doctors may potentially:

- Provide unnecessary mainstream medical approaches. There are many instances of excessive polypharmacy in the community.
- Expose patients to serious side effects of mainstream medicines
- Delay access to a more effective treatment through not referring on when appropriate to specialty care
- In all medicine some treatments may have no effect, be uncertain, or even harmful. Patients vary, this concern applies to every prescription ever written
- Inappropriate mainstream medical care may also lead to physical, psychological and/or financial implications
- Research and commercial interest is involved in all forms of medicine
- Many mainstream medical interventions are privately sourced and people choose to private fund their private insurance.

It is therefore argued that the tone and representation of the Background is inappropriate for these guidelines, inconsistent with the presentation of the GOOD MEDICAL PRACTICE document and, ultimately, sets a negative premise upon which the subsequent guidelines will be applied by any reader in the community.

3) In applying additional safeguards the Board must:

(a) Demonstrate that additional safeguards are necessary by identifying an increased relative risk to the community specific to the modalities in question on an independent basis (not within the present cluster that combines Complementary Medical practices with Sports Medicine Practices).
(b) Ensure that the any safeguards do not create guidelines that are imbalanced in their assessment of doctors who differ in their practice. It is argued that some of the recommended points within this Draft risk doing exactly this.

## GUIDANCE FOR ALL REGISTERED MEDICAL PRACTITIONERS

In this instance if the guidelines apply to all medical practitioners then it is again argued that any additional standards proposed by the Board would be included in a revision of the GOOD MEDICAL PRACTICE guidelines rather than a specific document. This document is due for revision in 2020.

### 1. DISCUSSION WITH PATIENTS

These guidelines apply to every medical consult by every doctor and therefore should be addressed within the GOOD MEDICAL PRACTICE document.

## 2. KNOWLEDGE AND SKILLS

These guidelines apply to every medical consult by every doctor and therefore should be addressed within the GOOD MEDICAL PRACTICE document.

2.4. Fully supported. In turn the Board must communicate, allow for representation upon the Board and tribunal when deciding on issues, and acknowledge educational bodies relevant to these fields. If this does not occur, then this point becomes irrelevant.

## 3. CONFLICT OF INTEREST

Conflicts of interest occur frequently in all manners of practice. Conflict of interests may arise as a result of any doctor over servicing, setting higher fees for a consult or for a surgical procedure. There does not need to be a specific statement that 'complementary and unconventional medicines and emerging treatments' specifically are at risk of conflict of interest.

Again; These guidelines apply to every medical consult by every doctor and therefore should be addressed within the GOOD MEDICAL PRACTICE document.

3.1 Why does this need to be stated as it is self-evident and covered by the GOOD MEDICAL PRACTICE

3.2 This is unacceptable wording and must be replaced. There is a discrepancy between the expectations of all medical doctors in the GOOD MEDICAL PRACTICE in regard to conflicts of interest and the proposed guidelines for practicing complementary and unconventional medicines and emerging treatments.

There is a specific shift from the need for 'transparency' and declaration of conflict of interest to 'ensuring that you do not have a financial or commercial interest that may influence'. This is a subtle but significant change in stance between the two documents that must be removed.

In particular, note 8.12.5 GOOD MEDICAL PRACTICE compared to 3.2 of proposed guidelines

This wording had significant implications:

1) It is inequitably applied to doctors who use 'complementary and unconventional medicine and emerging treatments'.
2) It assumes a doctor cannot make reasonable judgement as to conflict of interest, which, as outlined, occur in all aspects of medical care as outlined thoroughly in 8.11 and 8.12 of the GOOD MEDICAL PRACTICE document. Will it then be assumed the doctor can make

appropriate decisions on conflict of interest as applies to general medical practice but not in other areas?

3) May potentially breach the 'Restriction of Competition among Health Practitioners' when specifically applied to any service or product that the doctor (or, if combined with the GOOD MEDICAL PRACTICE guidelines), the family of the doctor, may wish to provide.
4) In some instances, if applied will lead to an unnecessary restriction of consumer choice and an increased risk to the consumer.

EXAMPLE:

Some complementary products are provided within medical practices, no different to the emerging trend of co-located medical practices and pharmacies. Such complementary medicines are chosen due to their increased efficacy and reliability of the product compared to other alternatives. Such products allow the doctor to know that the patient is being provided with the optimal medicines and that the medicine is not being substituted when recommended. These products are TGA registered products allowing for the safeguards this implies.

Under the current guidelines a practice may easily manage any potential conflicts of interest such a service within the GOOD MEDICAL GUIDELINES through offering products without any form of coercion and transparently declaring as appropriately

In summary, 8.11 & 8.12 of the GOOD MEDICAL PRACTICE guidelines already outline these issues in detail and there should be no discrepancy between the guidelines

## 4. INFORMED CONSENT

These guidelines apply to every medical consult by every doctor and therefore should be addressed within the GOOD MEDICAL PRACTICE document.

4.4 is pertinent however could be addressed in a subsection under Complementary Medicines within the GOOD MEDICAL PRACTICE guidelines.

## 5. ASSESSMENT AND DIAGNOSIS

These guidelines apply to every medical consult by every doctor and therefore should be addressed within the GOOD MEDICAL PRACTICE document.

## 6. TREATMENT

These guidelines apply to every medical consult by every doctor and therefore should be addressed within the GOOD MEDICAL PRACTICE document.

## 7.PATIENT MANAGEMENT

A doctor using Complementary Medicine should not be placed under different standards as outlined in the GOOD MEDICAL PRACTICE guidelines. Guidelines should be consistent with 8.4 of the GOOD MEDICAL PRACTICE guidelines

7.1. This is an impractical request as worded. No doctor has the time to document the 'side effects and known interactions' in there entirety and simultaneously discuss them with the patient. The absurdity of this request if applied equitably to documenting the known 'side effects and risk of interactions' of pharmaceutical medicines is obvious. Pleas do so next time you prescribe warfarin.

7.4 . In the least words 'relevant and appropriate' must be inserted into this statement otherwise it is again an impractical guideline.

What is the purpose of informing a doctor of 1) a test that is negative 2) a test that is irrelevant to another doctor 3) a test that the other doctor does not agree with since they do not believe in any form of complementary medicines based on a personal bias.

The wording of the guideline as presented would lead to (1) time and cost impositions upon a practice (2) the risk of an increase in vexatious and biased complaints against doctors in the fields to which these guidelines apply.

**From:** John Doe
**To:** medboardconsultation
**Subject:** Medical Board Submission
**Date:** Sunday, 30 June 2019 4:52:21 PM

# Present Concerns regarding Board's Proposed Guidelines that require further clarification:

## Important Information as Background to current MBA Proposal

Due to concerns regarding the potential biases of the Medical Board of Australia this document is de-identified however I request that it be published with other submissions on the MBA website.

NB. This is a non compliant submission.

Option One, retaining the status quo, is preferred.

The following is important background information that the Integrative Medicine Community is aware of. We believe this information biases the whole consultation process.

### TRANSPARENCY, PERCEIVED BIAS AND CONFLICT OF INTERESTS

In November 2018, Dr Anne Tonkin was the new Chair appointed to the Medical Board of Australia.

In the same month, the NHMRC released a new policy regarding disclosure and conflict of interest in their Guidelines for Guidelines Document.

NHMRC. Guidelines for Guidelines: Identifying and managing conflicts of interest. https://nhmrc.gov.au/guidelinesforguidelines/plan/identifying-managing-conflicts-interest. Last published 22/11/2018.

This is because there have been recent studies suggesting that

"Two-thirds of all Australian guidelines lack transparency, suggests new study"

https://beta.australiandoctor.com.au/views/influential-doctors-arent-disclosing-their-drug-company-ties

With regards to the new NHMRC policy, there are several significant statements regarding conflicts of interest.

Conflicts can be divided into 2 types : either financial or organisational

Here is the definition of an organisational conflict from the policy.

"Organisational Conflicts of interest may arise if guideline development group members serve as representatives of organisations with an interest in the guideline recommendations. This may include members that: · represent, or have roles in, organisations with financial links or affiliations with industry groups

which stand to benefit from or be affected by guideline recommendations, which represent, or have roles in, organisations which advocate known industrial or policy positions"

This policy states that

"A trustworthy guideline should contain recommendations that are based on high-quality evidence and be as free of bias as possible"

In managing conflicts of interest, the NHMRC clearly states that the appointed Chair should be independent.

"3. Appoint an independent chair

The chair's primary qualification should be expertise in chairing and facilitating groups. The role of chair is critical as they are ultimately responsible for guiding your development group through the conflicts of interest policy. For this reason, it is strongly encouraged that the chair is independent, meaning they have no financial conflicts of interest and are free of non-financial interests as much as possible."

In terms of disclosure and transparency, it should be noted that Dr Anne Tonkin has been listed as a Friend of Science in Medicine since their inception in 2012.

In response to a letter by Dr Mark Donahue regarding this conflict of interest, Dr Anne Tonkin subsequently removed her name from the FSM "Friends List". In her response To Dr Donahue, however, Dr Anne Tonkin said his letter would be regarded as a submission and his concerns looked at after the closing date of June 30, 2019. The issue of perceived bias of members of the MBA, and conflict of interest of members of MBA has been brought to the attention of the both the Federal Health Minister and Chief Medical Officer.

It is not known if the other MBA members were informed of Dr Mark Donahue's letter, however, as of June 30, 2019, Dr Stephen Adelstein (Chair of the NSW Medical Board) remains listed as a "Friend" of the FSM website.

Also openly listed as an Association affiliated with the FSM is The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Although not currently on the FSM website as a listed "friend", a third MBA Board Member, Dr CM, is Past President of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

There are 8 Doctors on the Medical Board of Australia, of which the Chair (until "informed" by Dr Mark Donahue) and at least1, perhaps 2, others MBA Members are listed as Friends of science in medicine.

FRIENDS OF SCIENCE IN MEDICINE

Here is FSM's statement of "what we stand for" from their website.

Is there a place for CAMs and traditional medicines in modern healthcare?

'Complementary and alternative medicines' (CAMs) are the modern version of magical practices. They are mostly ineffective. At their worst, they are dangerous, either through directly harmful effects or, more importantly, by replacing appropriate medical management, thereby delaying accurate diagnosis and effective treatment. They are also expensive and wasteful, consuming millions of consumers' and taxpayers' dollars which would be better spent on treatments of demonstrable value. While being ineffective, many CAMs also contain chemicals which can interact with and distort the action of effective medications."

https://www.scienceinmedicine.org.au/what-do-we-stand-for/position-document/

## AHPRA

### Procedures for the development of registration standards, codes and guidelines

In putting forward a proposal for a new or amended registration standard, code or guideline, a National Board must be satisfied that the proposal:

takes into account the objectives and guiding principles in the National Law at subsections 3(2) and 3(3) which read as follows:

The guiding principles of the national registration and accreditation scheme are as follows—

(a) the scheme is to operate in a transparent, accountable, efficient, effective and fair way;

(b) fees required to be paid under the scheme are to be reasonable having regard to the efficient and effective operation of the scheme;

(c) restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.'

### Managing conflict of interest and bias

The National Law includes extensive provisions in relation to conflicts of interest. Members are to comply with the conflict of interest requirements set out in Clause 8 of Schedule 4 of the National Law.

The national boards have business rules and processes in place to record and manage real and/or perceived conflicts of interest. As a general rule, board members must declare any actual and possible conflict of interest in relation to matters to be considered at a meeting. Board members must also exclude themselves from decision-making in relation to a matter in which they are

biased, or might be perceived to be biased.

https://www medicalboard.gov.au/search.aspx?q=managing%20conflict%20of%20interest%20and%20bias

## Accountability and transparency

“Our commitment to transparency and accountability continues”

https://www.ahpra.gov.au/Publications/AHPRA-newsletter/January-2013.aspx

## AHPRA Views and Developmentary Procedures

In putting forward a proposal for a new or amended registration standard, code or guideline, a National Board must be satisfied that the proposal:

takes into account the objectives and guiding principles in the National Law at subsections 3(2) and 3(3) which read as follows:

‘The objectives of the national registration and accreditation scheme are—

(a) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered; and

(b) to facilitate workplace mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction; and

(c) to facilitate the provision of high quality education and training of health practitioners;

## AMA Position Statement on Complementary Medicine 2018 states

“4. Medical practitioners

4.1. Medical practitioners should have access to education about complementary medicine in their undergraduate, vocational and further education to provide advice to patients. They should be informed of the level of scientific evidence for both benefits and adverse reactions, including potential interactions with other medicines.

4.2. The AMA recognises that some medical practitioners choose to undertake additional training in complementary medicines and therapies and include them as part of their everyday practice

(f) to facilitate access to services provided by health practitioners in accordance with the public interest; and

(g) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the

education of, and service delivery by, health practitioners.'

The proposed guidelines are written with the assumption that all/most IM practices are potentially unsafe and are practiced by medical practitioners without quality training. I refer to the submissions by AIMA and ACNEM in particular with regards to quality education and IM Pathways that are being created with the RACGP Special Interest Network. These proposed guidelines potentially stifle innovation ("emerging treatments") in both the education and provision of health services provided by medical practitioners.

This directly opposes the objectives and guiding principles in the National Law at subsections 3(2) and 3(3) -see above.

LACK OF WIDE RANGING CONSULTATION AND NOTIFICATION OF KEY STAKEHOLDERS

The proposal …

1. meets the consultation requirements in the National Law, namely:

a. 'If a National Board develops a registration standard or a code or a guideline, it must ensure there is wide-ranging consultation about its content' (section 40(1)), and

"The Board will also draw this paper to the attention of key stakeholders including the other National Boards."

From the MBA website regarding,

"Meetings with stakeholders

The Board has an active program of stakeholder engagement that includes regular meetings with: Australian Medical Association, Australian Medical Council, Medical Council of New Zealand, Specialist colleges through the Council of Presidents of Medical Colleges, and Medical Council of New Zealand."

It should be noted that, according to best knowledge at this time, neither the RACGP nor the RACGP IM Special Interest Group were drawn attention to this paper before it came out for public consultation.

One would consider to RACGP to be a key stakeholder.

Other Associations including AIMA, ACNEM, NIIM, NICM, ACIIDS were also not consulted.

" The process includes the publication of the consultation paper on its website and informing practitioners via the Boards electronic newsletter sent to more than 95% of registered medical practitioners"

It should be noted that this did not occur until after the public consultation process took place. The last newsletter from the MBA prior to the proposed guidelines being released was the December 2018 newsletter which does not mention these proposed new guidelines.

## COAG PRINCIPLES

The guidelines must take into account the COAG Principles for Best Practice Regulation by considering the following matters:

a. whether the proposal is the best option to achieve the proposal's stated purpose and protect the public

b. whether the proposal results in an unnecessary restriction of competition among health practitioners

c. whether the proposal results in an unnecessary restriction of consumer choice

d. whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

e. whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants, and

f. whether the Board has procedures in place to ensure that the proposed standard remains relevant and effective over time.

Regarding these above points,

(a) No data/evidence of adverse reactions and harm to the public were presented in these guidelines or the preamble. In fact, it is known that complaints made against medical practitioners through AHPRA are not segregated into Complementary and Non-Complementary reports. Therefore, there is a distinct lack of data provided which would initially determine if the proposal was, indeed, in the best interest of public safety.

(b) Unnecessary restriction of competition would of course occur between those practitioners who educated in, and those who are potentially biased against CM. Vexatious complaints and the two tiered system that has been referred to as "medical apartheid" is undoubtedly going to cause issues in the future

(c) As per the number of submissions presented to the MBA, it is obvious that a vast majority of the public would prefer the right to choose CM therapies if they wish. Of course, this needs to be provided by an educated medical practioner who has been suitably trained in such practices. These doctors should not be considered "cowboys" just because they value the

benefits of Integrative Medicine, combining the best of all suitable therapies.

(e)From the many submissions, it is made very clear that the wording used in these proposed guidelines is very ambiguous and thus has lead to much fear amongst IM doctors and lack in trust of the MBA to support its members.

Finally, in this proposal it states that :

"The Board aims to help registered medical practitioners meet their professional obligations by defining good medical practice. "

The 'Best Practice for Integrative Medicine in Australian Medical Practice' has, indeed, already been developed by RACGP/AIMA Joint Working Party in 2014 in consultation with multiple stakeholders.

https://drmarc.co/wp-content/uploads/2016/04/BEST-PRACTICE-FOR-INTEGRATIVE-MEDICINE.pdf

The 'Best Practice for Integrative Medicine in Australian Medical Practice' is an AIMA endorsed document originally developed by the RACGP/AIMA Joint Working Party (JWP) as principles to assist medical practitioners for the safe and appropriate integration of evidence based complementary medicine into medical practice. These principles were originally adapted from the 'Model Guidelines for the Use of Complementary and Alternative Therapies in Medical Practice' (A Policy Document of the Federation of State Medical Boards of the United States, Inc.) in 2005 but has undergone considerable changes to suit the needs of the Australian medical profession. The JWP acknowledges existing general clinical guidelines for medical practitioners adopted by The Medical Board of Australia (Australian Health Practitioners Regulatory Australia) titled 'Good Medical Practice: A Code of Conduct for Doctors in Australia'.

In Australia, the use of Integrative Medicine (IM) by medical practitioners, particularly general practitioners (GPs) as a part of routine clinical practice is increasing. A National Prescribing Survey (NPS) survey indicated that approximately 30% of GPs in Australia describe themselves as practising IM. About two thirds of Australian consumers have used one or at least one CM in the previous 12 months, with 28% on a regular basis. The document is designed to assist the understanding of IM by the medical profession and for authorities to refer to when seeking guidelines in this field of medicine. The authors undertook an extensive consultation process in the making of this document.

| | |
|---|---|
| **From:** | Jean Doherty |
| **To:** | medboardconsultation |
| **Subject:** | CAM |
| **Date:** | Thursday, 4 April 2019 1:33:03 PM |

I was a General practitioner from 1962 to Sept 2018. For the last 25 years enhanced my practice by the use of Homeopathy. Such a rewarding modality. So addicting as so often successful .So intellectually challenging as one has to be a detective to find the right remedy. There is a wealth of information in our Materia Medicas and Repertories available on computer programmes
. Particularly useful in anxiety and depression, trauma, viral illness ,post concussional states in fact most conditions .
I myself have found it very useful in the management of my bronchiectasis.
I implore that it is still available to the many folk who would benefit from the opportunity of healing not just suppressing symptoms.
Yours Sincerely, Jean W Doherty

**From:** Jean Doherty
**To:** medboardconsultation
**Subject:** CAM
**Date:** Friday, 10 May 2019 6:12:19 PM

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I strongly advocate that Integrative practitioners be allowed to use CAM when appropriate.
I myself as a GP needed more tools and embraced Acupuncture ,then Homeopathy. Both I enjoyed and found valuable but am certain Homeopathy used well is n amazing tool and a Homeopath would be an asset to each Health Care Team.
Sincerely Jean W Doherty recently retired GP at 82 years but will never stop using Homeopathy.

**From:** Sarah Doherty [redacted]
**Sent:** Thursday, 27 June 2019 9:11 AM
**To:** medboardconsultation
**Subject:** 'Public consultation on complementary and unconventional medicine and emerging treatments' to

**Submission to the MBA re complementary and unconventional medicine.**

When we are considering our health and our future, both patients and practitioners have many things to think about. We mainly think about the best possible outcome and how to achieve this. To believe that there is only one way of doing things, only one style of medicine without regard for individual requirements, requests, or past experiences is arrogant.
The world we live in is complex and diverse, it no longer only contains the information from a white privileged male background and perspective.

The natural world has always played a part in our lives from time forgotten to present day. A large part of the community desire and use complimentary medicines, and it is right that GPs and other health professionals access these and offer from a critical view, a diverse range of medicines to our patients.

It has to be said that the world of orthodox medicine does not offer all the answers, does not have all the cures; The world is a sicker place, chronic disease rules our lives. For example The Australian dietary Guild lines is outdated, needs to be changed and meanwhile we have health professionals frustrated by the control aspect of the prescriptive medical model unable to do anything to assist the patient and improve their lives.
If the community was 'getting better' this email would not be necessary, but unfortunately the community is getting sicker, and hospitals are bursting under the weight of under resource.

There is a self-selecting group in the community who wants to take responsibility for their health and lives; they generally stay out of hospital, generally can afford to pay their way, and most importantly they are generally getting older.
If we neglect to support their opportunity to seek care that they fell appropriate to their self-care, and then lead them into a model that will add to the burden on the current system, then we are fools. If we support integrated and complimentary medicine we are supporting self-care and also creating a cohort for medical research giving great opportunities for assisting people in the future.

I don't want to talk about industry investments and inappropriate sponsorship, we all know it exists and we should be moving away from it.
I want to talk about choice, freedom and common sense. I have been a nurse for over thirty years and have a broad base of experience. I know what works and what does not. I want to move towards a society that is open to change and discussion, that is invested in health promotion and self-care. At the moment I see the health profession at the base of the cliff piling the fallen into ambulances and taken into hospital. When are we going to stand at the top of the cliff and stop them falling off?

Sarah Doherty RN MPH RM CDE

[redacted]

Dr Mark Donohoe
MB BS FACNEM FASLM
[redacted]

Submission to the Medical Board of Australia

Sunday, June 30, 2019

# PUBLIC CONSULTATION ON CLEARER REGULATION OF MEDICAL PRACTITIONERS WHO PROVIDE COMPLEMENTARY AND UNCONVENTIONAL MEDICINE AND EMERGING TREATMENTS

## Preamble

*It takes 50 years to get a wrong idea out of medicine,*
*and 100 years to get a right one into medicine.*
*Hughlings Jackson (1835-1911)*

The intention of my submission is to provide feedback about the proposed Guidelines and information about the field of Medicine I have been involved in for the past 33 years, known variously as complementary medicine, comprehensive medicine, and more recently Integrative Medicine. I shall use the term Integrative Medicine (IM) throughout this document is a description of the type of medicine in which I am trained and experienced.

Integrative Medicine is an expansion of conventional medicine by means of education, training or experience (for doctors in the field prior to the educational programs) to incorporate the use of other modalities, treatments or diagnostic processes not usually part of the undergraduate medical curriculum in Australia. This is my personal working definition.

Because of the sloppy and unworkable definition used in the proposed guidelines, it is unclear whether IM doctors like myself are included or not included in the Board's grouping of "complementary and unconventional medicine and emerging treatments".

I suspect IM doctors are, or at least were intended to be, in that vague grouping.

This document is written be understood by anyone lacking experience in the area of IM, such as the Medical Board of Australia members. It is my understanding that none of the 12 members of the MBA have training, expertise or significant clinical experience in IM.

This document addresses what I regard as the failings of the Medical Board of Australia in the process of creating and disseminating the "*Public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments*" for discussion. I also have comments on the way forward which I think can be constructive and can establish the place of Integrative Medicine in the general medical community.

## My Submission

*The history of medicine does not depart from the history of the people*
*James G. Mumford (1863-1914)*

Medicine is a young science, and in many ways is not yet fully a science. It incorporates the art of healing with the sciences of surgery, drug therapy, and other means of relieving symptoms of pain and suffering, extending life, diagnosing disease, and providing guidance to patients to prevent complications.

Conventional medicine in Australia has been both supported and constrained by universal health insurance from the time of Medibank to the present. The focus has been exclusively on disease care with rare exceptions such as cervical screening and vaccination. Australia has one of the best disease management systems in the world, but it is not a healthcare system. Medicare distorts the healthcare market by effectively making treatment of disease free without addressing prevention which is left to each individual and family. Time constraints within Medicare force doctors to focus on simple and efficient treatment options rather than complex health problems with multiple causes and multiple organ systems affected.

Technology does not replace humanity, and 5 to 10 minute consultations are insufficient to understand the processes underlying illness and causing disease, and to develop a coordinated plan to deal with these. Conventional medicine is time constrained.

As well, conventional medicine and the pharmaceutical industry have a long and sometimes tawdry relationship, creating a business model which does not reward prevention and recovery from disease but which does reward repeated medical consultations and repeated prescriptions supported by an often compromised evidence base.

As a result, Australia has a healthcare system in which health is undervalued and medical intervention for disease treatment is overvalued. Prescription costs have escalated extraordinarily over the past 30 years without associated improvements in health outcomes, and with a total failure of effective prevention. Healthcare has been sacrificed for disease care. Australia is in desperate need of a safe and effective healthcare system.

Many doctors have found this unsatisfactory, and have elected to move beyond their undergraduate and RACGP/RACP training to focus on prevention, personalised and precision medicine, and alternatives to drug therapy, surgery, and other interventions. They undertake training and educational programs with appropriate accreditation and mentoring to expand their skill base, whilst always maintaining their role as a medical practitioner. Some of these are general practitioners while others are specialists, and all that I know and have met have been driven by a desire to better serve the needs of their patients. These are Integrative Medicine doctors. They are first and foremost doctors, and are trusted by their patients to know when conventional medical care is needed and when no treatment or alternatives to conventional medical care are appropriate.

The Australian public is becoming better educated, and has access to more health information than ever in the past. The best educated are increasingly choosing doctors practising Integrative Medicine to explore the genetic, environmental, nutritional and stress -related causes of their illness, allowing for a wider range of therapeutic options to complement or replace conventional treatments when such safe and effective options exist.

This movement from statistically based symptom treatment delivered by medical practitioners in a so-called “evidence-based” setting to a more cooperative model of health care negotiated between doctor and patient, informed by evidence but not dominated by it, is the future of healthcare. It is not the same as disease care but the medical practitioners need to be capable of crossing the boundary between good disease care and good health care.

Medicine is not a static science. Some groups such as the Friends of Science in Medicine, seem to yearn for days long past in which the patient was the silent subject of each doctor’s decision on treatment and health. But medicine moves forward in response to the needs of the people it serves, not according to commandments etched in stone.

Integrative Medicine does not seek to be an alternative to medical care, but it does seek to cross the boundary between disease care and healthcare, and implement the known science related to prevention, environment, genetics, nutrition and all other factors that negatively affect health outcomes. Integrative Medicine addresses complex, multi-system diseases which are multifactorial in origin, and are poorly handled in Australia’s Medicare system.

This work takes time and the ability to work with uncertainty and complexity, understanding each person as an individual rather than statistically matching them to trial designs and outcomes. It is work that is not supported by the Medicare system, and this creates the problem of access. Patients of Integrative Medicine doctors need time that Medicare refuses to fund. Doctors cannot survive on Medicare rebates, bulk billing, or private health fund rebates to do the work they wish to do with their patients. This has been recognised recently in a Federal "Parliamentary biotoxins report" in its recommendation 5,

> *The Committee recommends the Department of Health conduct a review into the treatment of patients presenting with complex illnesses that are difficult to diagnose such as those with CIRS-like symptoms. This review should consider:*
>
> *…*
>
> - *whether doctors require further support in order to: identify environmental impacts on health; manage complex conditions; and provide appropriate treatment.*

and recommendation 7,

> *The Committee recommends that the Department of Health, in consultation with patient groups, medical practitioners, and health bodies, develop clinical guidelines for general practitioners for the diagnosis, treatment and management of CIRS-like conditions*

These types of conditions the day-to-day work of Integrative Medicine practitioners, the reason for the apparent high cost of this medical care is not because it is inherently costly, because it is not subsidised by taxpayers and the costs therefore falls upon those people who can afford to engage in prevention and effective health management.

If the Parliamentary Biotoxin committee's recommendations are taken up by Medicare, then the costs to those people choosing Integrative Medicine doctors for their medical and health care will be reduced.

The problem still remains, however, that Medicare pays for disease management and not for health or true prevention. As long as the system remains in place, it will mean that the cost of prevention and health care is always higher than the cost of getting sick and receiving medical treatment funded by the taxpayer.

I believe this distinction should inform the Board about the reasons for apparent discrepancies in the costs of medical services and the availability of those medical services to the better educated and higher income population. A fair Medicare system will increase availability of those preventive and potentially curative approaches to a wider section of the community, and should become a valued and integrated part of healthcare in Australia.

The Medical Board, by rejecting its proposed restrictions on Integrative Medicine and embracing the concept of a new healthcare system, can actually support this transfer to better prevention and better health by supporting the Integrative Medicine structure, education and accreditation, and taking the issue to government on the equitable support of services proven to be more effective the delayed disease treatment.

# The Negatives about the draft Guidelines

## The problems with the process and why the questions posed by the Board are not valid

*There's no sense in being precise when you don't even know what you're talking about.*
*John von Neumann, 1903-1957*

The process that the medical Board has taken in what seems to have been at least 15 months of preparation of the proposed Guidelines has been flawed, conflicted and utterly lacking in knowledge or expertise about the group of doctors that they appear to be seeking to regulate.

**Lack of experience or expertise in the Medical Board of Australia**

I find it extraordinary that the Medical Board of Australia could even consider generating documents such as the proposed Guidelines without any expertise available to it in the field that it was seeking to regulate.

While there is mystery about who the “delegated decision-makers” were who apparently informed the Board of risks related to “complementary and unconventional medicine and emerging treatments”, I have seen no evidence that the Board sought any expertise or advice from the institutions, colleges or representative bodies of Integrative Medicine prior to the commencement of the construction of these propose guidelines, or at any point since that time.

It is clear from the proposed guidelines that the Board lacked competence in the area it sought to regulate, did not seek competent advice in the matter, and acted in a cavalier way which was neither evidence-based nor evidence informed.

The definition, in particular, of the type of doctors being addressed by the proposed regulation so poor that no doctor could reasonably understand whether they were part of this group or not. The preamble document lists many activities that define the type of doctor of interest in these regulations, but many of those activities such as off label prescribing are carried out by almost all doctors, almost every day they practice medicine. I think the preamble confuses rather than helps the definition, and I understand it is not to be incorporated of the final report. I am less clear about whether it is a document that would provide examples to the Medical Board in cases referred to them.

Had there been as many members of the Board experienced in Integrative Medicine as there were members of the Board who were also members of the Friends of Science in Medicine, this process could have been credible and may even have been productive in establishing the valid place of Integrative Medicine in the field of conventional medicine. As it is, it has simply been divisive, conflicted, secretive and utterly lacking in transparency. In my opinion it verges on a fraudulent waste of taxpayers money by failing to incorporate the expertise easily and readily available to the Board had it simply asked.

**Conflict of interest**

I have attached the document which I have sent to the Chair on 1 June 2019, detailing the perceived conflict of interest of the Chair and Dr Stephen Adelstein as members of the political lobby group known as Friends of Science in Medicine (FSM). We believe there may be a third member of the Board who was also an FSM member under a different name, but this has not been confirmed.

It is barely credible that the medical Board members were unaware of this perceived conflict of interest, as it was subject will widespread discussion in the general community and the Integrative Medicine community. I am pleased that the Chair resigned immediately after I notified her of the conflict, recognising that conflict of interest. As of today, the other two members remain members of FSM at least on the FSM website.

Executives of the Friends of Science in Medicine have publicly described FSM as a "*powerful lobby group*", pushing its agenda against Complementary Medicine and Integrative Medicine by working at "*…a higher level. We are trying to engage with politicians and regulatory bodies, and anybody of use to us like the Chief Medical Officer*". I have the videos of these claims should the Board wish to verify these statements.

It is, therefore, clearly intolerable for Medical Board members to be creating regulations in the very area that the FSM opposes so vehemently. Each FSM member actively joined the group, so it is not credible, nor does it extinguish the conflict-of-interest, to simply say that they were unaware of being members of FSM.

This conflict of interest has adversely affected the entire consultation process, as the Board would be well aware. There has been public outrage about the dual membership and conflict-of-interest, and, worse than that, many of my medical colleagues have refused give what would be valuable input in this consultation period for fear that they will be targeted by identifying themselves within the group the regulations seek to restrict.

**Transparency and freedom of information**

Repeated requests under freedom of information have been made to better understand the origins and processes involved in creating the proposed guidelines. All have been rejected

**Non compliance with the National Law**

This lack of transparency seem to be at odds with the National Law,

> *"The guiding principles of the national registration and accreditation scheme are as follows—*
>
> *(a) the scheme is to operate in a transparent, accountable, efficient, effective and fair way one could argue that this is*

One could argue that the medical Board as being very efficient and effective by being secretive, but it is not being transparent or fair. It perpetuates the suspicions that the conflict of interest concerns are valid and corrupt both the document and the consultation process.

**Lack of accountability**

The Medical Board of Australia is not accountable to Health Ministers or to the public. All attempts to understand who controls the medical Board of Australia, and who they answer to when they fail lead to the same dead end.

The Medical Board is simply not accountable to any other body. That lack of accountability means that even though the overwhelming feedback in the consultation process may be option 1, there is absolutely no requirement for the Board to pay any attention or change its view based on public or professional feedback.

Thus, although the consultation process was obligatory, there is no obligation of the Board to take the advice from the feedback process or to change its view that it prefers option 2.

**No reason for the proposed guidelines in the first place**

Nowhere in the document has the Board provided in the evidence of harm from the modalities it seeks to further regulate. Anecdotes are used to demonstrate that the current regulations are adequate and do deal with doctors, conventional and unconventional who do not follow the current guidelines.

In all of the 35 additional requirements for doctors practising “complementary and unconventional medicine and emerging treatments”, the current best practice guidelines are already in place to handle these very matters. All this document does is force doctors into a time wasting diversion away from patient care to cover items that are already covered in the current regulations which inform AHPRA. No case has been made, and no statistical evidence provided, to support the view that doctors who may fall into this vague group pose any safety risk to the public whatsoever.

The Board would be aware that there are tens of thousands of unnecessary hospital admissions caused by conventional medical care every year, and thousands of unnecessary deaths caused by prescription and surgical misadventures. The case can be made that the Medical Board of Australia should be supporting the principles, educational programs and processes used by Integrative Medicine practitioners to improve safety in the medical system, encourage prevention, and achieve outcomes that are safer and proven more effective than conventional medicine which waits for disease processes to occur for treatment.

**Non-compliance with the COAG principles**

In the summary of compliance at the end of the propose guidelines, the Board states

> 3. The proposal takes into account the COAG Principles for Best Practice Regulation COAG Principles
>
> "As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community."

No sensible person could possibly agree with this statement based on what had been written in the five pages before. It actually proposes unnecessary burdens with no scientific basis, no credible evidence that they are protecting the safety of the community, and no reason to single out any particular group of doctors.

All doctors now have six new items to focus on for each consultation related to "complementary and unconventional medicine and emerging treatments", and this will consume some minutes of time for every medical practitioner in Australia if they are to conform to the new proposed guidelines.

All of the doctors loosely defined as "complementary and unconventional medicine and emerging treatments" will have an additional 35 items to cover with each patient consultation. Compliance with these, even with the support of paperwork, and consent forms will conservatively consume about 15 minutes of consultation time, and this just cannot be done in a medical practice. Wrapping up doctors practising Integrative Medicine in paperwork,

consents, financial statements, and more is an effective way of preventing the doctor from being able to practice Integrative Medicine.

Should doctors generally, and Integrative Medicine doctors specifically not comply with the guidelines, and seek to efficiently manage the health care of their patients instead, they put themselves at risk of referral to AHPRA and, as the document points out, potential future deregistration.

Should all doctors comply with the new guidelines, who bears the cost of the additional imposts being created by the medical Board? There are millions of consultations per week in Australia. If we assume that the unnecessary burden of these proposed regulations adds two minutes to every conventional doctor's consultation, a reasonable estimate, then does Medicare pay for that 2 million minutes a week? I think Medicare would argue against that. Does the GP, having worn the years of no increase in Medicare rebates, simply absorb the added costs that would run to around an hour a day in a moderately busy practice? That seems unlikely.

The regulations, should they be adopted, will be paid for by patients, and I would regard this as an unjustified cost to the millions of Australians who seek health care, without there being any evidence that they could benefit from that time.

Obviously, conventional doctors will simply ignore these new obligations, as they would feel confident that no one will ever enforce them.

Integrative Medicine doctors, on the other hand, would not be so confident if they failed to spend the additional time to cover all the areas outlined by the medical Board in its consultation document.

Why?

It should be obvious that any regulations that are impossible to comply with while still making a living and treating patients will not be carried out. The financial burden on patients of Integrative Medicine is already high because of the lack of Medicare rebate for consultations of complexity and long duration. These patients are already out of pocket considerably, and

wasting 15 minutes of each consultation to comply with medical Board requirements is unreasonable.

If they comply, they waste time that could be used for medical care. If they do not comply they risk referral to AHPRA by vexatious members of groups such as FSM, remembering that the complainant does not need to be a patient, and, as noted by the Medical Board itself, complaints against IM doctors are rarely patients.

With regard to COAG principles that the medical Board has signed off, some are spurious while others are just plain misleading.

**A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public**

The Board has provided no evidence that the public is unprotected, or that safety is compromised in any way by members of their "complementary and unconventional medicine and emerging treatments" group.Thus, the Board can make no claim to be improving protection of the public. There is no evidence.

**B. Whether the proposal results in an unnecessary restriction of competition among health practitioners**

The previous pages of the document show two entirely different sets of obligations, with 6 points to be carried out by conventional medical practitioners, and a further 35 points in addition to be carried out by doctors practising "complementary and unconventional medicine and emerging treatments".

In simple timing, the former is about two minutes per consultation while the latter is approximately 15 minutes per consultation. This means that there is a severe restriction of competition amongst health practitioners by virtue of these proposed regulations.

The proposed guidelines create a two tier medical system with massive restriction of competition for the group that will be overregulated and have higher levels of demands placed upon them.

**C. Whether the proposal results in an unnecessary restriction of consumer choice**

By virtue of the cost increases that will occur, and the defensive practice that will need to be adopted by all practitioners affected by the regulations, consumer choice will be restricted. The Board is placing new financial obligations on the group of people least supported by Medicare, who already have high out-of-pocket expenses because Medicare rebates do not cover the work that they do in any reasonable way. Patients will be forced to return to their conventional doctors because of constraints of costs and not because it is their preferred their choice of doctor.

**D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved**

There is no evidence in the document whatsoever that there will be benefits that will be achieved. It is entirely plausible that there will be unreasonable costs and no benefit, or even harm that will occur as a result of the restriction of access to the practitioner of their choice. The Integrative Medicine doctors typically do see those people who have failed to benefit from conventional medical care. Their return to conventional medical care is likely to cause harm compared to the care that is provided by the Integrative Medicine doctors.

The question of who pays for the time required to carry out the Board's proposed demands of conventional doctors and unconventional doctors is not clear. Those millions of minutes that will be wasted by average GPs in fulfilling the medical Boards requirements are probably not going to be compensated by Medicare, although the Medical Board may wish to lobby for that outcome.

It is almost certain that the cost to patients seeing Integrative Medicine doctors would have to increase if the doctor was serious about performing all of the requirements outlined in the document. Given that there is no evidence of benefit for anything that the Board has suggested, and no statistical basis upon which a decision can be made, it is more likely than not that the costs will be unreasonable and the benefits of

zero or possibly negative. This process outlined in the document is, in my view, more likely to do harm than good for the majority of people affected.

**E. Whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants**

The proposal is not written in plain English. The definition of the doctors that will be involved is incomprehensible to anyone who has read the definition. The reach of this definition and the lack of specificity means that nobody can understand the requirements.

With regards the definition, the Board should consider that their inability to actually make a definition would suggest that no definition is possible to cover all of the doctors that they appear to be trying to corral.

The document could have been entitled "Public consultation on clearer regulation of medical practitioners who do things the Medical Board doesn't know about or is worried about" with exactly the same specificity is the current wording.

**F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time**

It is not relevant or effective now. It is difficult to see how it could become so in the future.

# Responses to Medical Board of Australia questions

## Preamble - the inapplicability of the questions

The questions remind me of the “when did you stop beating your wife?” type of questioning, presupposing that there is validity to the process. The questions imply validity that does not exist.

The whole process has been corrupted by conflict-of-interest, secrecy, lack of accountability, and a total lack of any understanding of the groups of doctors that the Medical Board proposes to regulate. You are asking people in the area you seek to regulate to agree in principle that the regulations are valid, and then to help you to put the nooses around their own necks. This is the very reason that many of my colleagues have refused to respond to your consultation process, and it is perfectly reasonable for them to feel that way given the lack of engagement and consultation at the beginning of your venture into this field. That said, I answer as follows

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### Q.1 Do you agree with the proposed term ‘complementary and unconventional medicine and emerging treatments’? If not, what term should be used and how should it be defined?

No. There is no way to define it as you do not know who you are trying to regulate, and the vagueness of your definition only emphasises your lack of experience, understanding and expertise in the area you seek to regulate.

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### Q2. Do you agree with the proposed definition of complementary and unconventional medicine and emerging treatments – 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. I believe it is the worst definition of anything that I have ever read in my professional life, and I feel ashamed that the Medical Board of Australia would publish such rubbish as if it were meaningful or based on solid science.

## Q3. 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'?

No. You haven't defined the group, so the nature and extent of the issues identified are meaningless. Take a look at the definition and you will understand exactly why the issues identified do not relate to identifiable group.

"Complementary and unconventional medicine and emerging treatments" is a Trumpian type of phrase. Not dissimilar to "rapists, murderers and women with children at the Mexican border". Or, as one of my colleagues pointed out, in the 1940s the rounding up was done on homosexuals, Gypsies and Jews. Trying to join entirely different areas of the medical profession under the guise of protecting Australians against the worst of that group it is anti-scientific.

## Q4. Are there other concerns with the practice of 'complementary and unconventional medicine and emerging treatments' by medical practitioners that the Board has not identified?

Probably, what are you suggesting? A roundup to see if there are more practices that could be corralled under the same heading?

## Q5. Are safeguards needed for patients who seek 'complementary and unconventional medicine and emerging treatments'?

Yes, but much less than there are for conventional medical practice which kills thousands of Australians per year. Focus on the real risks to the public from poor actors in conventional medicine and more Australians will be protected.

## Q6. Is there other evidence and data available that could help inform the Board's proposals?

There is plenty of information and data available from the academics, educational bodies and other institutions an Integrative Medicine but the Board failed to consult. Asking this now is disingenuous, it should have been asked at the beginning of the process not the end.

Could I propose that you move quickly to option one, and then go back to the bodies that you have met during this consultation process and start again. The Australasian Integrative

Medicine Association (AIMA) and the Australasian College of Nutritional & Environmental Medicine (ACNEM), as well as the National Institute for Complementary Medicine (NICM) and other academics in the area stand ready and willing to work with an ethical Medical Board of Australia cooperatively to construct a meaningful document to protect Australians while ensuring the effective use of Integrative Medicine in the healthcare system

The Medical Board of Australia can be very important in bringing true health care to all Australians by taking the lessons of this consultation process, listening to the voice of Australians who choose their doctors outside conventional medicine, and helping to construct a solid safe and reliable healthcare system that addresses the patients were not met by conventional medical care.

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## Q 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?

Yes, it should be adopted on day one after the consultation process is finished, and the Board should move on quickly to work with the organisations noted above to construct a fairer and better medical system which incorporates safe and effective Integrative Medicine

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## Q8. Would guidelines for medical practitioners, issued by the Medical Board (option two) address the issues identified in this area of medicine?

No. It would simply create a two-tiered system, put the public at risk of harm by pushing them back into the medicine that caused injury or illness in the first place, cost a lot of money and achieve no good and possibly even harm to the Australian public.

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## Q9. 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?

Invalid question. The draft guidelines are a farce, tainted by conflict-of-interest lack of transparency and lack of expertise on the part of the medical Board of Australia. History will judge these draft Guidelines poorly, and the quicker they are abandoned and the Board moves on to a constructive process, the less the opprobrium for the Board.

## Q10. Are there other options for addressing the concerns that the Board has not identified?

Yes. As noted above: do your consultation early with the stakeholders who matter; stop listening to groups like the Friends of Science in Medicine; use statistical methods to define risk; and create definitions that are meaningful when you wish to regulate a group so that at the very least doctors can know whether they may be part of that group.

## Q11. Which option do you think best addresses the issues identified in relation to medical practitioners who provide complementary and unconventional medicine and emerging treatments?

Invalid question.

**Option one – Retain the status quo** , then get to work with the organisation is willing to help the Board achieve real safety in Australia's health care system.

Yours sincerely

Dr Mark Donohoe

*Attachments as referred to in this document*

*BMJ* 2018;363:k4987 doi: 10.1136/bmj.k4987 (Published 13 December 2018)


EDITORIALS

CHRISTMAS 2018

# Rethinking medicine

## There's something going on out there

Martin Marshall *vice chair Royal College of General Practitioners*[1], Jocelyn Cornwell *chief executive*[2], Alf Collins *clinical director*[3], on behalf of the Rethinking Medicine Working Group

[1]Department of Primary Care and Population Health, UCL Medical School, London, UK; [2]Point of Care Foundation, London, UK; [3]Personalised Care Group, NHS England, London, UK

Modern medicine is one of humanity's great achievements. It improves, prolongs, and saves lives by applying the biomedical and clinical sciences to the diagnosis and treatment of disease. Its strength lies in its clarity and focus, making it an easy model to explain, understand, and put into practice. People have found it powerful, beguiling, seductive even. It is not surprising that the medical model is proving so popular: it serves society well.

But there's something going on out there. Increasing numbers of doctors and patients are questioning whether medicine has overstretched itself,[1] whether it is always as effective as proponents claim, and whether there are instances when the side effects and unintended consequences outweigh the benefits. This critique is not new,[2 3] but it has recently found a common voice in initiatives that transcend health systems and national borders, such as minimally disruptive medicine,[4] high integrity care,[5] and rethink health.[6]

In the United Kingdom unease with the medical model may be contributing to doctors' low morale and to problems with the recruitment and retention of the medical workforce. But the unease is also being expressed in how doctors are thinking about and practising medicine. Some doctors are expressing concern about overdiagnosis and overtreatment and the attendant potential for harm and waste,[7] particularly among people with multiple conditions and those who are frail or at the end of their lives. Others are concerned about the limited effectiveness of what they have to offer in the face of the wider social determinants of health such as poor education, unemployment, and the unequal distribution of wealth.[8] They are increasingly prescribing social interventions[9] and are mobilising the established collective strengths that exist within many local communities to improve health and wellbeing.[10]

## Shifting focus

Some doctors are trying to change their relationships with patients, to listen more carefully to their narratives and work alongside them, sharing information about diagnoses and options for treatment and offering more personalised care and support.[11] Others are focusing on helping schoolchildren to understand and manage their health and wellbeing and to understand where doctors do and do not add value.[12] Still others are attempting to improve the context within which clinical medicine is provided, drawing on organisational and systems perspectives and on approaches to quality improvement originating from the manufacturing sector.[13]

These evolving activities in which doctors are choosing to focus their energies are connected. Underlying them is an awareness that some things doctors do are effective for some clinical problems but that different approaches are required to respond to an increasing number of the challenges that doctors face. Rather than becoming entrenched in traditional ways of working, doctors are searching for different ways to make clinical practice more effective and more doable.

Some initiatives are being developed at a national level to support this process. "Prudent healthcare" in Wales[14] and "realistic medicine" in Scotland[1] represent concerted efforts to create a new set of principles and activities to guide clinical practice, and a narrative which builds on the ground up energy for change. Early evidence suggests that this work is engaging clinicians who want to have greater impact, patients who want to be listened to, and policy makers who want to optimise value from the healthcare spend. Similar work is starting in England, led by the Academy of Medical Royal Colleges.[15]

We believe that the process of rethinking medicine is a necessary challenge. We need to define more clearly where the application of a disease focused medical model adds value and where it doesn't, to help doctors actively develop more productive relationships with patients, and to help them incorporate social interventions into the more traditional armoury of biological and psychological interventions. This will require radical changes to undergraduate and postgraduate training curriculums and the content of continuing professional education. It will require a strong focus on personalised care, community and

Correspondence to: M Marshall martin.marshall@ucl.ac.uk

population health, and the skills required to develop new ways of working with people in local government, the voluntary sector, and local communities.

In 1974, Richard Smith, then an idealistic medical student who was later to become an editor of *The BMJ*, attended a lecture by Illych entitled, "Limits to medicine." The lecture gave voice to Smith's deep but poorly formed concerns about medicine, and he immediately decided to drop out of medical school. Three days later, uncertain what else to do, he dropped back in.[16] Forty years on, a growing number of doctors with similar concerns are experimenting with alternatives to ceasing clinical practice. Medicine is being rethought, and doctors have an opportunity to contribute to the wider initiatives taking place in the UK and elsewhere or to incorporate the different elements of these initiatives into their clinical practice. Doing so is likely to revitalise what it means to be a doctor and transform our relationships with patients.

Competing interests: We have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.

Provenance and peer review: Commissioned; not externally peer reviewed.

1 Calderwood C. Realistic medicine. Chief Medical Officer's annual report 2014-15. https://www.gov.scot/Resource/0049/00492520.pdf
2 Illych I. *Limits to medicine: nemesis—the expropriation of health.* Marion Boyars, 1976.
3 Engel GL. The need for a new medical model: a challenge for biomedicine. *Science* 1977;196:129-36. 10.1126/science.847460 847460
4 Leppin AL, Montori VM, Gionfriddo MR. Minimally disruptive medicine: a pragmatically comprehensive model for delivering care to patients with multiple chronic conditions. *Healthcare (Basel)* 2015;3:50-63. 10.3390/healthcare3010050 27417747
5 Mulley A, Coulter A, Wolpert M, Richards T, Abbasi K. New approaches to measurement and management for high integrity health systems. *BMJ* 2017;356:j1401. 10.1136/bmj.j1401 28360140
6 Ripple Foundation. ReThink Health. https://www.rethinkhealth.org
7 Treadwell J, McCartney M. Overdiagnosis and overtreatment: generalists--it's time for a grassroots revolution. *Br J Gen Pract* 2016;66:116-7. 10.3399/bjgp16X683881 26917633
8 Fair Society. Healthy lives. The Marmot review. http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf
9 Bickerdike L, Booth A, Wilson PM, Farley K, Wright K. Social prescribing: less rhetoric and more reality. A systematic review of the evidence. *BMJ Open* 2017;7:e013384. 10.1136/bmjopen-2016-013384 28389486
10 New NHS Alliance. A manifesto for health creation. 2017. https://nnhs.theseolounge.co.uk/wp-content/uploads/2018/11/A-Manifesto-For-Health-Creation.pdf
11 Mulley A, Trimble C, Elwyn G. *Patients' preferences matter; stop the silent misdiagnosis.* King's Fund, 201210.1136/bmj.e6572 .
12 Facts 4 Life. https://facts4life.org
13 Berwick DM. The science of improvement. *JAMA* 2008;299:1182-4. 10.1001/jama.299.10.1182 18334694
14 Prudent Healthcare. http://www.prudenthealthcare.org.uk
15 Rethinking Medicine. https://www.rethinkingmedicine.co.uk
16 Smith R. Limits to medicine. Medical nemesis: the expropriation of health. *J Epidemiol Community Health* 2003;57:928. 10.1136/jech.57.12.928 14652253

Mosman Integrative Medicine

**DR MARK DONOHOE**
**MB BS FASLM**
[redacted]

*Medical Practitioner*
*Lifestyle, Nutritional and*
*Environmental Medicine*

Mosman Integrative Medicine
[redacted]

Saturday, June 1, 2019
Dr Anne Tonkin
Chair, Medical Board of Australia
G.P.0. Box 9958
Melbourne VIC 3001

Dear Anne,

**re: MBA members of the Friends of Science in Medicine**

I wish to raise an urgent issue, and I would appreciate your earliest possible reply. While I understand that you may need to raise this with your entire Board, I am seeking a response by 5PM, Thursday, June 6.

Both you and Stephen Adelstein are currently listed as "Friends" on the Friends of Science in Medicine (FSM) website.

https://www.scienceinmedicine.org.au/who-are-we/who-are-our-friends/our-friends/

I attach both entries.

Can you confirm whether you are both still FSM members? If not, when did you withdraw from FSM, and could you please supply evidence of your withdrawal including the date? Can you confirm that no other Board members are, or have ever been, members of Friends of Science in Medicine.

I am concerned that there is a perceived conflict of interest if you or Dr Adelstein are or were members of the Friends of Science in Medicine at any point during the creation and publication of the Board's current proposals for regulating "complementary and unconventional medicine and emerging treatments".

Did you or Stephen Adelstein declare any potential conflict of interest regarding FSM membership and the proposed regulations to the Board? Are those minutes available?

The FSM has a long-running campaign directed against integrative, complementary and alternative medicine. It is obvious from the FSM website "What do we stand for? Summary of Principles" (https://www.scienceinmedicine.org.au/what-do-we-stand-for/).

I attach a page from the most recent FSM newsletter, downloadable from their homepage and written by Dr Benson Riddle. It represents well the position taken by FSM on the issue of Integrative Medicine. It asserts that Integrative Medicine is simply "pseudoscience" and "marketing".

I also draw your attention to the response of the president of the FSM, Dr Ken Harvey, who was quoted in Medical Republic on 25 February, when asked about the MBA consultation paper,

> … Associate Professor Ken Harvey, the president of Friends of Science in Medicine, called the board's draft guidelines "wishy-washy" and said he would be pushing for a total clampdown on useless medicine.
>
> "The boards have been very reluctant [to regulate]," he said. "They bullshit on about, 'Oh, we might be stifling innovation'. Well, you are not stifling innovation by banning homeopathy. And you are not stifling innovation by encouraging people to do controlled clinical trials."
>
> http://medicalrepublic.com.au/last-crackdown-alternative-docs/19269

It is critical that the Medical Board of Australia be credible for it to carry out its functions to keep Australians safe from harms caused by medical practitioners and Medicine itself. Tens of thousands of avoidable and iatrogenic deaths occur every year as a result of conventional medical practice. The harms and deaths caused by Integrative Medicine are either zero or so close to zero as to be invisible in these statistics.

The question therefore arises as to the provenance of, the validity of, and reasons for creating, the current consultation paper by the Medical Board of Australia.

Since this attack on Integrative Medicine has been a project of the Friends of Science in Medicine for many years, and two members of the Medical Board of Australia are also members of the Friends of Science in Medicine, then there is a potential for a perceived conflict of interest for the Medical Board.

The odds of two FSM members also being members of a 12 member Medical Board of Australia (only 7 of which are medical practitioners) by chance are about 1 in 10,000, and may suggest a selection bias for Board members. There are no FSM members among all the State Medical Boards throughout the country, except of course for your own Board's Stephen Adelstein who also Chairs the NSW Medical Board.

This perceived conflict of interest itself may not only invalidate the Medical Board decisions in respect of the discussion paper, but may also put members of the Board outside the protective privative provisions of the legislation under which the Board operates.

I know that many of my colleagues and members of the general public are aware of your membership of FSM, and have expressed their concern to me about a perceived conflict of interest. More worryingly, your association with FSM have led many of my colleagues to express their fear of identifying themselves in submissions to the Board on these proposed guidelines. They fear persecution should the new regulations come into effect.

This is intolerable, and that I why I am writing to you. Doctors and their patients need to trust the Medical Board of Australia, and this trust has been eroded by the perception that the Board is acting on the agenda of the Friends of Science in Medicine. This perception is fuelled by the fact that the Chair and the NSW representative are both members of the Friends of Science in Medicine.

There is a real and widespread loss of trust among the targeted doctors and their patients who stand to be affected by the proposed regulations, as it is perceived that the Board is not acting without bias or prejudice. There is also a sense of powerlessness that the Board is free to act without effective oversight or accountability, that it did not seek consultation with the stakeholders in the field of Integrative Medicine in creating the guidelines, and that it may proceed on these flawed proposals irrespective of the feedback received in the consultation process.

This is a situation where proper and fair process should be followed, and is seen by all stakeholders as having been followed, so that any potential for bias is limited, if not completely eliminated.

Therefore, I respectfully request the following:

- That you and Stephen Adelstein acknowledge that your membership of the Friends of Science in Medicine has created a perceived conflict of interest in the creation and dissemination of the proposed guidelines;
- That you notify all Medical Board of Australia members of this perceived conflict of interest, that you circulate this letter and attachments to the other MBA members, and that you ask all other Board members if they are or were members of FSM;
- That this issue of perceived conflict of interest be recorded in the minutes of all meetings past, present and future and in all reports past, present and future relating to the discussion, development and consideration of these proposed guidelines;
- That you and Stephen Adelstein immediately and publicly recuse yourselves from all further participation related to these proposed guidelines; and
- That you and Stephen Adelstein do not participate in any further activities of the Medical Board of Australia related directly or indirectly to integrative, complementary or alternative medicine.

It would logically follow that the Board withdraw the current proposed guidelines, and end the public consultation. I can see no way that the credibility of the Board can be sustained if the public consultation continues, given that this perceived conflict of interest permeates the history of these guidelines from their conception to the present.

Anne, I write this letter not with any personal animosity or agenda, but with a sense of regret and disillusionment. I have great respect for you personally. My regret is that this process could have been positive and progressive had it not been for the involvement of the Friends of Science in Medicine, and had there been consultation with the Integrative Medicine community in creating the proposed guidelines. That could still happen.

I look forward to your earliest reply. I will take this matter no further until after Thursday 6 June, which I think is more than reasonable given the deadline for submission on June 30.

I would also appreciate a copy of the Medical Board of Australia policy for determining and handling any potential conflicts of interest.

Yours sincerely,

Dr Mark Donohoe

# Our Friends

Thank you to all the supporters of FSM.

You can sort the following list by on the corresponding heading. Use the search box to find a name or affiliation in the list.

Show 10 entries

Search: tonkin

| First Name | Last Name | Title | Affiliation | State / Country |
|---|---|---|---|---|
| Anne | Tonkin | Prof | Professor and Director, Medicine Learning and Teaching Unit, Faculty of Health Sciences, The University of Adelaide, Medical Educator and Clinical Pharmacologist (ex-member of Australian Drug Evaluation Committee, Pharmaceutical Benefits Advisory Committe | SA |


# Our Friends

Thank you to all the supporters of FSM.

You can sort the following list by on the corresponding heading. Use the search box to find a name or affiliation in the list.

Show 10 entries

Search: adelstein

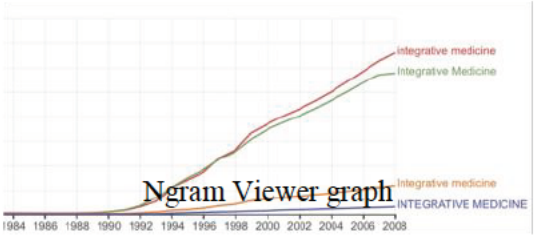
| First Name | Last Name | Title | Affiliation | State / Country |
|---|---|---|---|---|
| Stephen | Adelstein | Prof | Senior Lecturer, Sydney Medical School, University of Sydney, Department of Clinical Immunology, Royal Prince Alfred Hospital, | NSW |

# General Practice and CAM

## Column by Dr Benson Riddle

## Integrative Medicine

Dr Benson Riddle




Ngram Viewer graph

**Integrative Medicine** is a term that has not so much crept as stampeded into the healthcare and mainstream lexicon. The Ngram Viewer graph—a web application that displays the usage of words or phrases sampled from the millions of books Google has scanned—demonstrates its marked climb since the early 1990s.

But what does this 'newspeak' term really mean?

The word *integrative* is an adjective that the Oxford Dictionary defines as the "combining of two or more things to form an effective unit or system". It derives from the Latin word *integrare*, which means to renew, restore or reinstate. Oxford defines the noun *medicine* as "the science or practice of the diagnosis, treatment, and prevention of disease". As a term, it defines *integrative medicine* as being "a form of medical therapy that combines practices and treatments from alternative medicine with conventional medicine".

Turning to those institutions which champion the practice of Integrative Medicine, it is defined by the Australasian Integrative Medicine Association as "a philosophy of healthcare with a focus on individual patient care. It combines the best of conventional western medicine with evidence-based complementary medicine and therapies"; and by the American Board of Integrative Medicine as "the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals, and disciplines to achieve optimal health and healing".

Such definitions therefore assert that conventional medicine does not focus on individual patients, does not focus on the whole person, nor make use of all appropriate therapeutic options. This is indisputably wrong of course, regardless of whether or not every conventional medicine practitioner effectively practises in the way they have most certainly been taught.

It seems the only two things Integrative Medicine actually combines is science with pseudoscience – but as for this forming an "effective unit or system", for anyone who believes in the concept of science, how could it?

As Marcia Angell and Jerome Kassirer so eloquently wrote in a 1998 *NEJM* editorial, "There cannot be two kinds of medicine — conventional and alternative. There is only medicine that has been adequately tested and medicine that has not, medicine that works and medicine that may or may not work. Once a treatment has been tested rigorously, it no longer matters whether it was considered alternative at the outset."

*Integrative Medicine* is a marketing term, pure and simple. Edzard Ernst describes it as "an ill-conceived concept which turns out to be largely about the promotion and use of unproven or disproven therapies." And it is the failings of conventional medicine to communicate effectively with individual patients—as well as to the public as a whole—that has created the void that the CAM industry is all too willing to fill.

**Dr Benson Riddle** MBBS, FRACGP, General Practitioner, Sydney

**From:** Sophia Donovan [redacted]
**Sent:** Sunday, 14 April 2019 9:27 PM
**To:** medboardconsultation
**Subject:** Public consultation on complementary, unconventional medicine and emerging treatments

Dear Sir/Madam,

I fully agree with Dr Nadine Perlen (board member of Australasian College of Nutritional and Environmental Medicine) on her comments about the negative outcome if the current proposal goes ahead where "...new guidelines will drive patients away from qualified doctors to unqualified therapists or self diagnosis and treatment".

Sophia Donovan

**From:** saane dreyer [redacted]
**Sent:** Tuesday, 25 June 2019 10:55 AM
**To:** medboardconsultation
**Subject:** Fw: Consultation on complementary and unconventional medicine and emerging treatments

I choose Option 1: "no new regulations are required for doctors practising in the areas of complementary medicine and integrative medicine."
I have chosen to see Integrative Medicine doctors because:
Conventional medicine provided no answers about why I was sick and I needed medical care with a wider range of diagnostic and treatment options.
I have been harmed by conventional medical treatment, and needed to find other options.
I prefer non-drug approaches for managing my family's and my own health or illnesses.
I am happy with my GP for simple treatments within brief consultations, but I want to go further with prevention and a deeper understanding of what I can do for myself and my family. My integrative medicine doctor provides me the time and knowledge to do that.
I want more from my doctor. More time. More understanding of causes of illness. More power to understand the ways in which I can improve my health to reduce my need for drugs, surgery and medical appointments. My Integrative Medicine doctor provides these for me in a way that 10 minute consultations with doctors cannot.
I have concerns about the proposed regulations because:
There is no demonstrated need to regulate Complementary Medicine or Integrative Medicine. These are safe practices that need no further regulation.
The only concern of the Medical Board of Australia in this process is, and should be, safety. The Chair has said this publicly. Questions about how effective Complementary Medicine and Integrative Medicine is should be a decision left to me.
The Medical Board of Australia includes members of the Friends of Science in Medicine, a political lobby group opposing Complementary Medicine and Integrative Medicine. This is a clear conflict of interest. The Medical Board of Australia should cancel the current consultation, and go back to the start with all current and past members of the Friends of Science in Medicine lobby group excluded from Board participation.
There has been no transparency in consultation process. Freedom of Information requests as to how these proposals originated have been denied or redacted. The Medical Board of Australia has acted in secrecy and a failure to disclose the details of why the new regulations.
thank-you.

**From:** Kateri Duke
**To:** medboardconsultation
**Subject:** Complementary medicine
**Date:** Wednesday, 26 June 2019 10:46:40 PM

What a ridiculous suggestion.
The most unconventional medicine is often that prescribed by medical practitioners with no sense of complementary medicine.
If only all doctors studied natural medicine at some level instead of being tied to pharmaceutical company promotion.
The number of clients who come for assistance when they find the damage (often life-threatening) resulting from prescribed medicine requires another approach, is inconceivable!
And you, the Medical Board of Australia, must take on further in depth education in order to follow more holistic
approach to health and make recommendations and regulations that embrace wholesome life practices.
Why take synthetic medication when the natural product is supplied by nature itself? Why take a synthetic product eg. Asprin when the bark of the willow tree is available. The pharmaceutical product is but a replication by a machine.

Please do not go down this path of division and critique.

Yours sincerely

Dr Kateri Duke MD (in Traditional Western Medicine)

**From:** Patricia Dunn [redacted]
**Sent:** Wednesday, 26 June 2019 12:18 PM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments'

I would ask you to reconsider your plans

I have been consulting a GP since 1984 who practices both conventional care as well as offering alternate chemical free options.

As such my health at the age of [redacted] is excellent and I have seldom used my Medicare card or PBS

I have always been told to take care of my own health and these practitioners always respect that and encourage me to a healthier life style and I can only be grateful that such practitioners are working as GPs in Australia.

So please reconsider

Yours Sincerely

*PATRICIA DUNN*

[redacted]

# CONSULTATION ON COMPLEMENTARY AND UNCONVENTIONAL MEDICINE AND EMERGING TREATMENTS

Thank you for the opportunity to make a submission in response to the Medical Board of Australia (MBA) Discussion paper and DRAFT Guidelines proposed as new regulations with regard to the provision of 'Complementary and unconventional medicine and emerging treatments'. It has been a valuable process to read through and consider the issues raised in the documents provided.

## BACKGROUND

The MBA has identified that there is widespread and increasing use of complementary therapies in our present Australian climate. They have identified the needs for clarity for medical practitioners about what constitutes appropriate practice and protection of the public from unsafe, ineffective or unnecessarily costly interventions and treatments. These aims are valid and the proactivity of the Board to consider these issues is to be commended.

The paper has given examples of some practices which have prompted concern, as well as several responses that have been made or are under review. These include -

- The identification of areas of medicine that are presently unregulated, such as autologous stem cell therapies. It is noted that the Therapeutic Goods Association (TGA) is presently undergoing a consultation on this practice and has published a guide for consumers.
- The diagnosis and treatment of tick-borne disease is presently the subject of a Senate review.
- Several relevant tribunal decisions have been documented giving examples of cases whereby medical practitioners have been tried within the present jurisdiction of the Medical Board, including cases relating to conflict of interest, inappropriate hormone prescriptions and alternative cancer treatments.

These cases show the strength of the present regulatory systems for medical practitioners. The appropriate bodies, Australian Health Practitioners Regulation Agency (AHPRA), Australian Competition and Consumer Affairs (ACCC), TGA, and MBA are already working to protect the public from treatments and services associated with professional misconduct and risk of harm.

## CONTEXT OF THE DISCUSSION

In Western countries we are seeing a rapid rise in chronic and degenerative disease with huge human and financial costs. According to the Australian Institute of Health and Welfare (AIHW) website, there was an estimated 4.8 million years of healthy life lost from living with or prematurely dying from disease and injury in 2015 in Australia. Preventing and treating ill health was estimated at $170 billion in 2015-16 in Australia. Much of this morbidity is related to 'lifestyle disease' and various programmes exist to seek to prevent these, such as the National Diabetes Strategy and Action Plan, and the 'Move Well, Eat Well' programs. Initiatives to encourage physical activity, provide stress management strategies, reduce polypharmacy, encourage the appropriate prescription of antibiotics, and more recently, reduce prescription of narcotics, are well recognised aspects of 'conventional medicine'. Many of these approaches would be on a continuum with what is broadly considered to be 'complementary medicine', and as the Discussion paper points out, some

of this is practised by so called complementary or integrative practitioners, and some by those who consider themselves 'conventional'. All such practitioners are registered and represented by the MBA.

Compared with the financial cost of health services in Australia, the amount spent on 'complementary therapies' is rather small in comparison (>3.5billion compared with $170 billion). While the Discussion paper notes that the use of 'complementary therapies' is rising, it has not reflected on the growing national burden of disease and concurrent increase in conventional health service, and whether this is reasonable in this context. Information on the nature and extent of the issues surrounding complementary etc medicine is required prior to the implementation of a response. It is, however, not clear that these issues have been well-defined prior to the preparation of draft regulations.

Alongside the rise in disease and health expenditure in general, there has been an explosion in the availability of online health information which is totally unregulated. This form of health promotion and sale of items can be associated with unproven claims, inducements and pressures for purchase. This is a growing problem in our society, and there is no simple approach to addressing this. There is certainly no clear pathway for greater regulation here.

## SUBMISSION POINT 1: EDUCATION RATHER THAN REGULATION

The DRAFT Guidelines aim to provide clearer instruction for practitioners and public protection. It is postulated that increased regulation is the best way forward, however, this approach may fail to deliver and indeed have unintended consequences.

### PUBLIC EDUCATION

The most effective way to protect the public from harmful, ineffective therapies is to provide appropriate education. An educated public empowered to evaluate health information is less vulnerable to manipulation. The demand for various non-pharmacological treatments within the community is not going to end, and the exposure to online marketing is continually increasing. The greater regulation of medical practitioners who practice in the areas of 'complementary and unconventional medicine and emerging therapies' is not going to address this problem. Ongoing research and evaluation of therapies in these areas, and continual training and education of practitioners are valid tools for informing the public. The polarisation of therapies into 'conventional' and 'alternative' is not based on Scientific evaluation and may have the unintended consequence of patients choosing not to reveal any complementary therapies they are using. This increases the risk for drug/complementary medicine interactions and make it less likely that patients would engage in discussion about their judicious use with their doctors.

It could be argued that the aim of greater public safety is well provided by one-to-one consultations and ongoing clinical relationships with medical practitioners with a conventional medical degree, who have also studied, for example, herbal medicine or nutrition. An underlying attitude behind the documents provided is that practitioners of 'complementary and unconventional medicine and emerging therapies' create a greater risk to their patients. There is no evidence provided that this is true. A registered medical practitioner who has studied complementary therapies is well-positioned to understand, detect and prevent drug-therapy interactions. There is no evidence provided that

such practitioners are less likely to provide referrals to appropriate specialist services as required, than those who do not use those modalities. If people are keen to utilise complementary and other products and services, they are more likely to receive appropriate advice and constraint after discussion with their doctor than if they turn to the internet to access goods and services. Public safety may inadvertently be at greater risk if the DRAFT Guidelines are endorsed, despite the aim to increase patient safety.

### PRACTITIONER EDUCATION

For practitioners to be able to engage with patients regarding complementary therapies, research and education are required for the on-going evaluation and appropriate use of these treatment modalities. While the Discussion paper states that the DRAFT Guidelines "would not stifle innovation or clinical research and trials" this appears to be contradicted by the definition of Practice in the document:

> "**Practice** means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of these guidelines, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession."

This raises questions about whether the DRAFT Guidelines would restrict research, thus reducing the capacity to assess new treatments according to evidence-based criteria. The potential impact of reducing the ability to access or deliver training in complementary therapies could hinder the provision of safe and effective treatments to patients. There are presently education programmes available for practitioners on what may be considered 'complementary therapies', which are endorsed through conventional organisations such as the Royal Australian College of General Practitioners (RACGP). The distinction between 'conventional' and 'complementary' is not always clear and there is considerable overlap in the terms.

## SUBMISSION POINT 2: THE DRAFT GUIDELINES CREATE LESS, NOT MORE, CLARITY

The second intended goal of the DRAFT Guidelines is to create greater clarity for medical practitioners about appropriate guidelines for practice, as well as to more clearly regulate these areas of practice.

The term 'complementary and unconventional medicine and emerging therapies' is provided to "ensure that all the relevant areas of practice are captured". However, the term is a composite of three disparate entities, and there is no clear definition of each separately, nor how the combination of these different concepts can provide clear guidance for practitioners about what is meant by the term. Various definitions are offered, and examples given in the Discussion paper, which are contradictory and tend to present the defining body's bias rather than to provide a concept which can be clearly understood. Additionally, these points will not be relevant if the proposed DRAFT Guidelines are endorsed, as the proposal is that the DRAFT Guidelines are approved as a standalone document.

The definition in the Guidelines is negatively defined, what is not considered conventional medicine. 'Conventional medicine' is not defined. It is not a term which can be scientifically analysed but is a form of usual practice. What is conventional now was not conventional in previous years and is likely to further change in accordance with changes in disease distributions and research. Much of the modern pharmacopeia originated from herbal medicine, when did one become 'conventional' and the other 'complementary'? Who defines what is conventional? These issues are not provided in the papers. As it is not determined what conventional medicine is, it is therefore not possible to determine what non-conventional medicine is. Rather than provide clarity for medical practitioners, the proposed guidelines actually create a greater level of confusion. It is not possible to appropriately discuss issues of regulation when the definitions used are unclear and imprecise. This contradicts the requirement for the use of "'plain language' to reduce uncertainty", which is required according to AHPRA Procedures for the development of registration standards.

The use of a composite term, and including examples of extreme, potentially harmful or highly invasive procedures within that definition, creates the idea that most of the therapies and approaches included are equally unproven or risky. It is easier to thus dismiss all such practices, and, as in the 'Background' section in the Draft guidelines, emphasises risk of harm, lack of efficacy and inappropriate practice. If instead, practices and therapies are evaluated according to their individual risk/benefit/evidence assessments, certain 'complementary' medicines may become 'conventional' through scientific evaluation and due process.

## SUBMISSION POINT 3: THE CONSULTATION PROCESS

The *Statement of Assessment* states that the consultation process has been followed according to APFHRA's Procedures and COAG principles for best practice regulation. However, there are some concerns to be raised about the process.

While stakeholders are mentioned in the papers, the identity and stakes of those persons is not provided. It would be reasonable to consider that organisations which train and support integrative practitioners would be included in the consultatory process, however, it is the understanding here that these key stakeholders were not consulted. The presentation of 2 options, one of which has already been endorsed, does not fulfil this requirement. An inclusive consultatory process would involve all parties from the beginning of the process, in the identification of issues involved through to the development of options.

All feasible policy options must be considered including self-regulatory, co-regulatory and non-regulatory approaches. The two options given, only relate to regulatory processes.

Rigorous regulation impact statement of all options is required, but there is no evidence that this has been performed. The lack of clarity of terms used creates greater confusion about what is to be regulated and what compliance would look like. The position that 'good regulation should attempt to standardise the exercise of bureaucratic discretion' is therefore not met.

## SUBMISSION POINT 4: OPTIONS 1,2 AND 3

This submission supports Option 1 and has also provided an additional Option 3.

### OPTION 1

While this option 'retains the status pro' as far as not imposing extra regulation or guidance it does provide for the development of a statement drawing attention to the code, in order to inform consumers and medical practitioners. This, developed in association with organisations that research, train and support integrative practitioners, could be most useful.

An example of a statement that could be helpful was provided in the discussion paper. This is presented in a way that respects the professionality of practitioners, and clearly states the expectation of the College, and meets the aim of advising patients of their rights. [1]

## OPTION 2

**This submission does not support Option 2 on the basis that:**

- Some specific concerns raised as requiring further regulation are under process within appropriate channels such as the TGA. This may be a model for other specific concerns.
- Most of the concerns in the proposed guidelines are not specific to practitioners of complementary medicine but are required of all medical practitioners as outlined in existing guidelines such as the Code of Good Conduct.
- Option 2 may have significant unintended outcomes that fail to address public safety issues especially by not taking into consideration the expansion of alternative therapies widely available online and separate from medical practices.

## OPTION 3

The APHRA Procedures for the development of registration standards, codes and guidelines includes the following Procedure, 1(f):

> 'to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.'

This is a powerful vision and one that offers a bold approach to the significant health problems and issues within the present Australian context. The implementation of a truly consultative process, in which practitioners from differing specialities and areas of interest are enabled to contribute, could provide a pathway towards that vision.

The MBA could be instrumental in proposing, initiating and supporting such a collaborative process.

Dr Merran Dyer, MBBS, FRACGP, ACNEM.

[redacted]

[redacted]

[1] The College of Physicians and Surgeons of British Columbia, Practice standard – Complementary and Alternative Therapies (2017) available at: https://www.cpsbc.ca/files/pdf/PSG-Complementary-and-Alternative-Therapies.pdf

**From:** Heidi East [redacted]
**Sent:** Tuesday, 19 March 2019 2:18 PM
**To:** medboardconsultation
**Subject:** 'Public consultation on complementary and unconventional medicine and emerging treatments'

To whom it may concern,
As a patient to a bio medical GP, I have seen positive results in my health that I have not experienced with any other GP's that I have visited. I feel this is a violation of our choice not only as patients but also the choice we have in the health care we would like for our own bodies. Please do not bring this in as there are many people who's health will suffer as a result. The work that some of these biomedical GP's are doing is ground breaking and saving money on public health by preventative and restorative treatment.

Yours Sincerely,

Heidi East

**From:** Joanne Edmonds [redacted]
**Sent:** Wednesday, 10 April 2019 10:36 PM
**To:** medboardconsultation
**Subject:** Public Consultation on Complimentary medicine and emerging treatments

To whom it may concern
Please consider this letter a formal submission in response to the Medical Board of Australia's proposal to strengthen the guidelines surrounding medical practitioners who provide complementary and unconventional medicine. I am highly concerned at these proposed changes and do not agree with them for reasons which I will attempt to outline below.
Specifically, it is alarming that once again Lyme Disease (or Lyme-Like and associated tick borne illnesses) has been called out as an area of concern. It is disappointing to see that Australia is so far behind the latest peer reviewed research in this area, and even more shocking that the Medical Board intend on creating a set of guidelines which will more than likely restrict our highly capable doctors from practising good health care, which is not entirely based on outdated options that come from large pharmaceutical and insurance companies.
Imposing an increase in restrictions through changes to the guidelines will almost certainly stifle innovation and advancement of medical treatment options available in this country, and not just pertaining to Lyme Disease, but to other chronic and disabling illnesses. Australia's medical system will slip even further down the rankings than it already is. Perhaps we should look to progressive countries such as Switzerland who are doing the complete opposite and are encouraging the use of complementary medicines?
I have family and friends who use Complementary, Unconventional and Emerging Medicine and I highly value its availability and I am very happy with its practice. Treating doctors already provide discussion about options for treatment and their relative merits and potential problems. I value free choice in making decisions regarding my own personal medical treatment.
The suggestion of strengthened guidelines is far too controlled, an attack on my human right to seek any treatment I choose to use with my chosen health professional. Whether you agree or not with the diagnoses, the treatment plans, it is not the Medical Board's decision to hold my future at jeopardy because of its own antiquated ideology.
As such, my preferred choice of the proposed outcomes is to retain the status quo, otherwise fellow sufferers will only have the option of travelling overseas, where they are at even greater risk of complications. Australia is not a third world country, and my expectation is that we as Australians should be able to attain the treatment of our choice, here at home.

Your sincerely,
Joanne Edmonds
10th April 2019

| | |
|---|---|
| **From:** | Dr Ruth Edwards |
| **To:** | medboardconsultation |
| **Subject:** | MBA consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments |
| **Date:** | Sunday, 30 June 2019 5:20:25 PM |

Dear Medical Board of Australia

Re: "Public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments"

As a registered medical practitioner, I opt for Option 1 - 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.

The primary reason for choosing Option 1 is that the Board has failed to adequately make a case for Option 2.

In response to the consultation questions.

1. Combining the three terms is confusing and non-specific. They have different, often contradictory meanings; are used in different clinical contexts and circumstances; and there are wide variations in safety, risks and costs.

2. The definition is poorly informed. I recommend using WHO, AMA and RACGP definitions for complementary medicine (that might also include terms such as traditional medicine and integrative medicine). More attention is needed when describing unconventional and emerging treatments that are not complementary medicine e.g. off-label use of medicines that is increasingly a concern for paediatric and older adult populations, and other emerging technologies that are common in surgery, sports medicine, dermatology and cosmetic medicine. The defining features that determine an intervention or investigation is not conventional and who should adjudicate must be clearly articulated?

3 and 4. An ad-hoc set of statements and examples, often out-dated, are presented. Real data and facts are required to make the case for extra regulation.

5. Safeguards are required for all aspects of medicine. The Board has failed to demonstrate why current safeguards and regulations are inadequate.

6. Having properly identified and quantified the risks of various medical practices, the Board should consult the relevant colleges and peak professional bodies.

7. Based on the information presented by the Board, there is insufficient evidence that current guidelines are inadequate.

8. The current proposed guidelines confuse rather than clarify the issues.

9. The Board should abandon these guidelines as the Board has failed to adequately make a case for Option 2.

10. Stronger engagement with the relevant colleges and peak professional bodies is needed.

Should the MBA decide to proceed with this extra regulation, I trust there will be ongoing public consultation and due consideration of what makes a good regulation.

Yours sincerely

Dr Ruth Edwards
BMed, FACRRM, FRACGP
[redacted]

[redacted]

**From:** [redacted]
**Sent:** Saturday, 29 June 2019 6:46 PM
**To:** medboardconsultation
**Subject:** Re Complimentary Medicine

Good Evening

Please don't ban or restrict complimentary medicines as my family and I use complimentary medicines and herbs along with traditional western medication for various ailments and maladies with good results.

Yours sincerely
Tina Efthimiadis

**From:** Shaun Egelton [redacted]
**Sent:** Tuesday, 25 June 2019 12:06 PM
**To:** medboardconsultation
**Subject:** Fwd: Consultation on complementary and unconventional medicine and emerging treatments

I have chosen to see Integrative Medicine doctors because:

I want to be involved in my own and my family's care and this requires time in consultations an additional medical training that I found in my integrative medicine doctor.

Conventional medicine provided no answers about why I was sick and I needed medical care with a wider range of diagnostic and treatment options.

I have been harmed by conventional medical treatment, and needed to find other options.

I prefer non-drug approaches for managing my family's and my own health or illnesses where possible.

I am happy with my GP for simple treatments within brief consultations, but I want to go further with prevention and a deeper understanding of what I can do for myself and my family. My integrative medicine doctor provides me the time and knowledge to do that.

I want more from my doctor. More time. More understanding of causes of illness. More power to understand the ways in which I can improve my health to reduce my need for drugs, surgery and medical appointments.

My Integrative Medicine doctor provides these for me in a way that 10 minute consultations with doctors cannot.

I have concerns about the proposed regulations because:

There is no demonstrated need to regulate Complementary Medicine or Integrative Medicine. These are safe practices that need no further regulation.

The only concern of the Medical Board of Australia in this process is, and should be, safety. The Chair has said this publicly. Questions about how effective Complementary Medicine and Integrative Medicine is should be a decision left to me.

The Medical Board of Australia includes members of the Friends of Science in Medicine, a political lobby group opposing Complementary Medicine and Integrative Medicine. This is a clear conflict of interest. The Medical Board of Australia should cancel the current consultation, and go back to the start with all current and past members of the Friends of Science in Medicine lobby group excluded from Board participation.

There has been no transparency in consultation process. Freedom of Information requests as to how these proposals originated have been denied or redacted. The Medical Board of Australia has acted in secrecy and a failure to disclose the details of why the new regulations.

**From:** [redacted]
**Sent:** Sunday, 12 May 2019 9:23 PM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments

> To the Medical Board of Australia,
>
> I support Option 1.
>
In my area medical care is handled by bulk-billers - the limitations of the services offered by these local bulk-billing medical centres means that most of its GP's are restricted to applying a narrow and unsympathetic range of services. This is characterised by very short consultations and an overly obsessive preoccupation with one or two indicators at the expense of everything else; measures offered are limited to prescribing an overly powerful drug, a placebo or a referral. You may know already that the problem of this type of "conventional" medicine is evidenced by an explosion in the use of prescription drugs without any resolution of the underlying conditions. Many medical doctors around the world have now come out in public support of a wider range of integrative therapies and practices and are reporting breakthrough results among patients. I therefore don't see how limiting the options available to me by integrative medicine practitioners, should I find one nearby, would be in my interest. You are no doubt aware that recent published work suggests that sections of this conventional standard of care have now been superseded, but despite recent breakthroughs in bio-medical research, we see instead a reluctance to depart from established practice. I therefore choose option 1 as I feel that any attempt to reverse the recent advances of integrative medicine and the wider range of choices it offers would be a denial of "best" practice.
>
> I consent to publication of my submission.
>
> Sincerely,
>
> Robert M Ekstein
> [redacted]
>

**From:** [redacted]
**To:** medboardconsultation
**Subject:** Submission to public consultation papercirculated by the Medical Board of Australia (MBA)
**Date:** Wednesday, 15 May 2019 10:58:01 AM

---

medboardconsultation@ahpra.gov.au

I am aware of the *public consultation paper*circulated by the Medical Board of Australia (MBA) which is advocating for tighter regulation on medical practitioners who provide complementary and integrative medicine. I

I wish to give my feedback

Kind Regards

Dr Michael Ellis

MB BS .MRCP .DCH .DIP GRAD NUTR MED Swinburne Uni) .BA (Hons)

[redacted]

# SUBMISSION TO THE MBA

POINTS

Admission to hospital is associated with a huge amount of morbidity and mortality caused by conventional medical treatment

There is no place in the medical system for understanding basic physiological causes of illness

The ten social determinants of health are ignored **(WHO)**

**The use of integrative or functional Medicine which treats the total person as a psycho neuro endocrine immunological syastem moulded on mind body and spirit is considered anathema to the medical management by General Practitioners**

**Polypharnacy is associated with depression and severe side effects**

**Use of orthomolecular medicine and use of supplemts including vitamins and proper nutrition has no side effects**

**It is essential integrative Medicine is included in training curriculum for all medical students in Australia**

**The problem here is that we need to enhance the functional capacity of the body and**

**enable to heal itself using the many modalities that are currently available beyond the poison-pharmaceutical, burn-radiotherapy and /-operative intervention that is characteristic of conventional medicine.**

**This form of medicine is called functional or integrative or integral medicine and uses vitamins and supplements to enhance the physiological and metabolic functions of the body**

**Orthomolecular medicine uses mega doses of vitamins to correct dysfunction in the body**

**For example large doses of vitamin C intravenously can cure some forms of cancer**

**Humans are the only animal that cannot produce its own Vitamin C**

**The kangaroo produces in its body over 30 gram of Vitamin C daily**

**There is tremendous value in conventional medicine particularly in dealing with acute medical or surgical emergencies. However the problem in our society is that we have an epidemic of chronic disease and the answer here lies in prevention of the illness.**

**We cannot allow medicine to become digitalised. We require face to face consultations to examine and diagnose a patient.**

**What is lacking in medicine is universal caring. There is enormous burn out in young doctors and also sexual abuse of trainees and female specialists in the hospital community.**

**In hospitals patients are treated like cattle and as diseases. They are often not treated as human beings. They are kept waiting hours on causality**

**Dr Atal Gwande, Emergency physician, philosopher, Advisor to Clinton administration and Reith Lecturer has said that there is a lack of care of patients within hospital. Patients are talked about as diseases. They are often ignored or pushed aside in casualties during triage. He then says that there is a poor use of specific investigative processes for patients and also specialists can become very set in their ways without realising the consequences of their actions.**

**Medicine has to deal with mind body and spirit**

**We have to realise that the new epigenetics is social environmental epigenetics. The way we treat ourselves and the way we are exposed to environmental toxins has tremendous effect on our health and wellbeing. This also applies to hospitals which are currently conducive to environments which can contribute more to illness particularly iatrogenic illness rather than wellness.**

***This means we.need to to realise that human interaction and receptivity ,caring ,creative communication and empowerment are as significant as using chemical drugs***

***Often elderly patients need to let go of their poly pharmacy to help overcome dementia and depression***

***The General Practioner is not remunerated for spending quality time with his her***

***patients***
***In fact we live in a world constantly in the fast lane and time becomes an expensive commodity***

***Doctors at medical school are not trained in a whole person medicine which encompasses life as a healing and sacred process where sacred means something to be cherished and supported***

The way the system is structured in hospitals is such that people become secondary to the process. Is this why there is such a high rate of iatrogenic and doctor-caused illness in hospitals, An estimated 80,000 people are admitted to hospital each year as a result of being given the wrong medication or incorrect doses. This costs the health system $350 million.( Dr David Brand, co-chair of the Medication Safety Taskforce) Daily Telegraph (Australia), 3rd November 2001, p.3. Sixteen per cent of patients who enter hospitals come out with increased morbidity, as a result of iatrogenic illness (Australian Medical Journal).

http://theconversation.com/blaming-individual-doctors-for-medical-errors-doesnt-help-anyone-28212

In Australia, estimates suggest undesired harmful effects from medication or other intervention such as surgery, known as “adverse events”, occur in around 17% of hospital admissions. This results in up to 18,000 unnecessary deaths and 50,000 temporarily or permanently disabled patients each year.

Over 50% of adverse events are the result of medical error. Harms are physical, financial and psychological. Adverse events mean patients need to stay in hospital longer, have more—
treatment and incur financial loss.

See-

## The Quality in Australian Health Care Study.

Wilson RM, et al. Med J Aust. 1995.
Show full citation

### Abstract

A review of the medical records of over 14,000 admissions to 28 hospitals in New South Wales and South Australia revealed that 16.6% of these admissions were associated with an "adverse event", which resulted in disability or a longer hospital stay for the patient and was caused by health care management; 51% of the adverse events were considered preventable. In 77.1% the disability had resolved within 12 months, but in 13.7% the disability was permanent and in 4.9% the patient died.

PMID 7476634 [Indexed for MEDLINE]

We have to ask ourselves why this great harm occurs and it has nothing to do with complimentary or integrative medicine

We also need to look at the social determinants of health
http://www.euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf

Further points are

- That the rationale groups integrative medicine with 'unconventional medicine' and 'emerging treatments', by association this implies that IM is 'fringe', rather than based in evidence and a valid and vital adjunct within our medical practice
- That many of the terms used in the rationale, including 'unconventional medicine', 'inappropriate use' and 'emerging treatments' are not adequately defined which creates ambiguity and uncertainty
- That the term 'complementary medicine' also includes access to traditional medicines which is defined as a basic human right in Australia and by the WHO
- That there is no evidence produced in the discussion paper that quantifies risk or relative risk in practicing complementary or integrative medicine vs ‘conventional’ medicine
- That there was NO consultation with the IM or complementary medicine community before the document came out, giving us limited opportunity to inform the process
- That the current *Good Medical Practice: A Code of Conduct for Doctors in Australia* already adequately regulates doctors' practise and protects patient safety, there is no need or justification for a 2 tiered approach
- That the right of patients to determine their own medical care is under threat
- That the lack of clarity on how to determine what is 'conventional' vs. 'unconventional' can be mis-used by people with professional differences of opinion and result in vexatious complaints

**From:** [redacted]
**Sent:** Saturday, 23 February 2019 7:08 AM
**To:** medboardconsultation
**Subject:** Integrative Dr

To whom it may concern

I am emailing to express my concern that you are looking to limit and control what Integrative Doctors can prescribe and, by doing this, are therefore looking to control and monitor their practice.

I seem my Integrative Dr regularly and have had vast improvements in my health and wellbeing where I'd had very little or no success with my regular GP with my illness. It is my right to seek the appropriate to seek the appropriate medical attention I see fit. To put these limitations in place denies myself and thousands of other patients their rights to seek appropriate treatment from Integrative Dr's.

Kind regard

Nicola Ellner

**From:** Karen England [redacted]
**Sent:** Monday, 11 March 2019 10:17 AM
**To:** medboardconsultation
**Subject:** 'Public consultation on complementary and unconventional medicine and emerging treatments'

I am in my 50's and have used many forms of complementary medicine from homeopathy, naturpathy, reiki and compounding chemists over most of my adult life and not had any need of allopathic medicine. I personally have found complementary therapies to have been of tremendous benefit to bring me back into health and have no desire to be forced into using toxic pharmaceuticals which have many known side effects. Any treatment allopathic and/or complementary have no guarantees of success but it is my right to decide which path to take in regards to my health. If you look at the death rates between the two allopathic is very high and this is not a risk I wish to be forced to take. And why has there been such a short amount of time to allow the public to hear about this travesty of justice and respond?

Regards Karen

**From:** [redacted]
**Sent:** Tuesday, 9 April 2019 11:59 PM
**To:** medboardconsultation
**Subject:** RE: PUBLIC CONSULTATION ON COMPLIMENTARY MEDICINE AND EMERGING TREATMENTS

Executive Officer
Medical - AHPRA
GPO Box 9958
Melbourne VIC 3001
medboardconsultation@ahpra.gov.au
RE: PUBLIC CONSULTATION ON COMPLIMENTARY MEDICINE AND EMERGING TREATMENTS
To whom it may concern
Please consider this letter a formal submission in response to the Medical Board of Australia's proposal to strengthen the guidelines surrounding medical practitioners who provide complementary and unconventional medicine. I am highly concerned at these proposed changes and do not agree with them for reasons which I will attempt to outline below.
Specifically, it is alarming that once again Lyme Disease (or Lyme-Like and associated tick borne illnesses) has been called out as an area of concern. It is disappointing to see that Australia is so far behind the latest peer reviewed research in this area, and even more shocking that the Medical Board intend on creating a set of guidelines which will more than likely restrict our highly capable doctors from practising good health care, which is not entirely based on outdated options that come from large pharmaceutical and insurance companies.
Imposing an increase in restrictions through changes to the guidelines will almost certainly stifle innovation and advancement of medical treatment options available in this country, and not just pertaining to Lyme Disease, but to other chronic and disabling illnesses. Australia's medical system will slip even further down the rankings than it already is. Perhaps we should look to progressive countries such as Switzerland who are doing the complete opposite and are encouraging the use of complementary medicines?
I have family and friends who use Complementary, Unconventional and Emerging Medicine and I highly value its availability and I am very happy with its practice. Treating doctors already provide discussion about options for treatment and their relative merits and potential problems. I value free choice in making decisions regarding my own personal medical treatment.
The suggestion of strengthened guidelines is far too controlled, an attack on my human right to seek any treatment I choose to use with my chosen health professional. Whether you agree or not with the diagnoses, the treatment plans, it is not the Medical Board's decision to hold my future at jeopardy because of its own antiquated ideology.
As such, my preferred choice of the proposed outcomes is to retain the status quo, otherwise fellow sufferers will only have the option of travelling overseas, where they are at even greater risk of complications. Australia is not a third world country, and my expectation is that we as Australians should be able to attain the treatment of our choice, here at home.

Your sincerely
Zina Erasmus
09/04/2019

**From:** Cheryl Erueti [redacted]
**Sent:** Saturday, 29 June 2019 1:39 PM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments

I choose Option 1: "no new regulations are required for doctors practising in the areas of complementary medicine and integrative medicine."
I have chosen to see Integrative Medicine doctors because:
I want to be involved in my own and my family's care and this requires time in consultations an additional medical training that I found in my integrative medicine doctor.
Conventional medicine provided no answers about why I was sick and I needed medical care with a wider range of diagnostic and treatment options.
I have been harmed by conventional medical treatment, and needed to find other options.
I prefer non-drug approaches for managing my family's and my own health or illnesses.
I am happy with my GP for simple treatments within brief consultations, but I want to go further with prevention and a deeper understanding of what I can do for myself and my family. My integrative medicine doctor provides me the time and knowledge to do that.
I want more from my doctor. More time. More understanding of causes of illness. More power to understand the ways in which I can improve my health to reduce my need for drugs, surgery and medical appointments. My Integrative Medicine doctor provides these for me in a way that 10 minute consultations with doctors cannot.
I have concerns about the proposed regulations because:
There is no demonstrated need to regulate Complementary Medicine or Integrative Medicine. These are safe practices that need no further regulation.
The only concern of the Medical Board of Australia in this process is, and should be, safety. The Chair has said this publicly. Questions about how effective Complementary Medicine and Integrative Medicine is should be a decision left to me.
The Medical Board of Australia includes members of the Friends of Science in Medicine, a political lobby group opposing Complementary Medicine and Integrative Medicine. This is a clear conflict of interest. The Medical Board of Australia should cancel the current consultation, and go back to the start with all current and past members of the Friends of Science in Medicine lobby group excluded from Board participation.
There has been no transparency in consultation process. Freedom of Information requests as to how these proposals originated have been denied or redacted. The Medical Board of Australia has acted in

secrecy and a failure to disclose the details of why the new regulations.
kind regards
Cheryl Erueti

**From:** Trisha Evans [redacted]
**Sent:** Thursday, 18 April 2019 12:31 PM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments

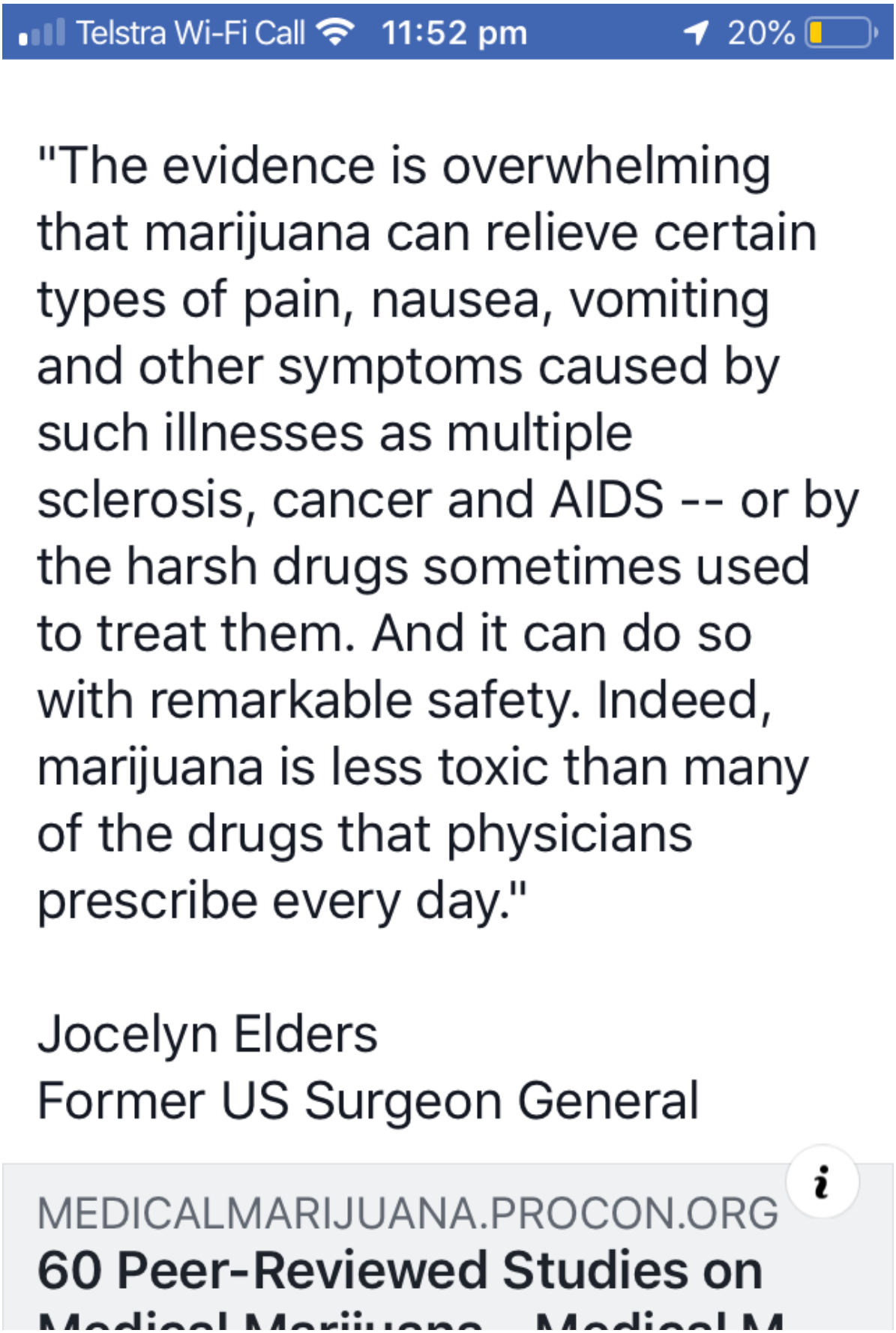
To Whom It May Concern at The Medical Board of Australia…

Please, I implore you to resist from imposing greater regulation around the use of integrative, complementary and alternative medicines (CAMs), which will significantly restrain the practice of integrative medicine and the use of CAM modalities.

Restricting access to innovative and compounded natural therapies, would have substantial impact on the well-being of many Australians who use this treatment with great success.

On review of the proposal currently being reviewed, please choose "Option One (1)" as the preferred option, as I would miss the innovation and compounding of natural therapies in my own health care plan.

**From:** roger Ewin
**To:** medboardconsultation
**Subject:** Consultation regarding alternative therapies
**Date:** Monday, 8 April 2019 7:03:07 AM
**Attachments:** image1.png



Medical Marijuana - Medical M...





Mrs N C Farrington
[redacted]

27 February 2019

To Whom It may Concern

**Re: CONSULTATION ON COMPLEMENTARY AND UNCONVENTIONAL MEDICINE AND EMERGING TREATMENTS**

My name is Nicole Farrington and as an Australian Citizen I feel that I should have the right to choose the methods I will use to address any health issue that I have or arises.

Conventional Medical Doctors have not been able to successfully treat any condition that I have had previously and/or bring me to a satisfactory outcome.

Using a General Practitioner prescribing pharmaceuticals and the use of conventional methods that simply do not work, and in some instances also delivering unwanted side-effects, seems to waste far more Medicare funds and resources.

Until I saw an integrative Medical Doctor who included lifestyle change, diet and supplements to address my health, things remained unchanged and/or gradually became more chronic.

If I cannot see an integrative Doctor, I feel that my health will deteriorate and have a continuing impact on my family, my work and my wellbeing.

Yours faithfully,

*Nicole Farrington*

**From:** [redacted]
**Sent:** Tuesday, 12 March 2019 9:00 AM
**To:** medboardconsultation
**Subject:** Cannabis as a vegetable

The use of Cannabis for juicing has been seen to have huge health benefits throughout the world and studies again throughout the world should indicate its effectiveness as a natural remedy for many illnesses and diseases seen listed below!

Copied from a supporters site There's still a lot of confusion across the nation about whether or not marijuana is effective for cancer patients. Odds are you've heard something about it but weren't sure whether the information was reliable or definitive. So, in order to help clear things up, here is a list of 34 studies showing that marijuana cures cancer, categorized by the type of cancers being cured in each study. As you sort through the articles, note that the consistent theme between them is that cannabis shrinks tumors and selectively targets cancer cells. As bills and voter initiatives to legalize medical marijuanaspread from state to state, remember that we're not just talking about mitigating the side effects of chemo (though this is another viable use), we're talking about curing the cancer itself as well as preventing its spread. I've taken the liberty of only including articles from credible scientific journals, removing any biased or otherwise improperly cited studies.

Cures Brain Cancer

http://www.nature.com/bjc/journal/v95/n2/abs/6603236a.html

http://www.ncbi.nlm.nih.gov/pubmed/11479216

http://www.jneurosci.org/content/21/17/6475.abstract

http://jpet.aspetjournals.org/content/308/3/838.abstract

http://mct.aacrjournals.org/content/10/1/90.abstract

Cures Mouth and Throat Cancer

http://www.ncbi.nlm.nih.gov/pubmed/20516734

Cures Breast Cancer

http://www.ncbi.nlm.nih.gov/pubmed/20859676

http://www.ncbi.nlm.nih.gov/pubmed/18025276

http://www.ncbi.nlm.nih.gov/pubmed/21915267

http://jpet.aspetjournals.org/content/early/2006/05/25/jpet.106.105247.full.pdf+html

http://www.molecular-cancer.com/content/9/1/196

http://www.ncbi.nlm.nih.gov/pubmed/22776349

http://www.pnas.org/content/95/14/8375.full.pdf+html

Cures Lung Cancer

http://www.ncbi.nlm.nih.gov/pubmed/22198381?dopt=Abstract

http://www.ncbi.nlm.nih.gov/pubmed/21097714?dopt=Abstract

http://www.nature.com/onc/journal/v27/n3/abs/1210641a.html

Cures Uterine, Testicular, and Pancreatic Cancers

http://www.cancer.gov/cancertopics/pdq/cam/cannabis/healthprofessional/page4

http://cancerres.aacrjournals.org/content/66/13/6748.abstract

Cures Prostate Cancer

http://www.ncbi.nlm.nih.gov/pubmed/12746841?dopt=Abstract

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3339795/?tool=pubmed

http://www.ncbi.nlm.nih.gov/pubmed/22594963

Cures Colorectal Cancer

http://www.ncbi.nlm.nih.gov/pubmed/22231745

Cures Ovarian Cancer

http://www.aacrmeetingabstracts.org/cgi/content/abstract/2006/1/1084

Cures Blood Cancer

http://www.ncbi.nlm.nih.gov/pubmed/12091357

http://www.ncbi.nlm.nih.gov/pubmed/16908594

http://onlinelibrary.wiley.com/doi/10.1002/ijc.23584/abstract

http://molpharm.aspetjournals.org/content/70/5/1612.abstract

Cures Skin Cancer

http://www.ncbi.nlm.nih.gov/pubmed/12511587

Cures Liver Cancer

http://www.ncbi.nlm.nih.gov/pubmed/21475304

Cures Biliary Tract Cancer

http://www.ncbi.nlm.nih.gov/pubmed/19916793

Cures Bladder Cancer

http://www.medscape.com/viewarticle/803983 **(Sign-up required to view study)**

Cures Cancer in General

http://www.ncbi.nlm.nih.gov/pubmed/12514108

http://www.ncbi.nlm.nih.gov/pubmed/15313899

http://www.ncbi.nlm.nih.gov/pubmed/15313899

We have been seduced into believing the pharmaceutical companies are the only choices by brainwashed Doctors since the 1930's in America and then through the UN, The

World! It is now through social media all becoming known the lies and deception about one of the most natural cure alls available to the world See: https://www.youtube.com/watch?v=E96vow07OJc&feature=share and if you ignore this then you will be as guilty as those making billions from others misery! John Faust [redacted]

P.S. This is not an attack on Doctors as I believe the Majority to be principled and honest, but misled by the manufacturers of the DRUGS!

**From:** Jane Ferguson [redacted]
**Sent:** Saturday, 29 June 2019 1:28 PM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments

Dear Medical Board of Australia,

I choose Option 1 because I prefer non-drug approaches for managing my family's and my own health or illnesses. I am happy with my GP for simple treatments within brief consultations , but I want to go further with prevention and a deeper understanding of what I can do for myself and my family. My integrative medicine doctor provides me the time and knowledge to do that.
I have concerns about the proposed regulations because the only concern of the Medical Board of Australia in this process is, and should be safety. The chair has said this publicly. Questions about how effective Complementary Medicine & Integrative Medicine should be left upto me to decide.
Thanking You,
Yours Sincerely,
Jane Ferguson

**From:** Lori Ferluga [redacted]
**Sent:** Wednesday, 6 March 2019 8:01 PM
**To:** medboardconsultation
**Subject:** Complementary medicine

To whom it may concern

THIS IS A DEMOCRATIC COUNTRY !!!!!!!
We have a right to choose which complementary advice , medicine or alternative ways to benefit our health , not have them taken away from us .
Personally I've had more bad experiences with so called " prescribed medication " by doctors than alternative medicine .
WHY ARE YOU ELIMINATING our " right " to choose which way is best for our health by trying alternative ways , which could cure and help us get better before we end up in our hospital System that is overcrowded and can't cope ?

WHY ? WHY ? WHY ?

A Very Concerned Human Being

L. Ferluga

**From:** Izabella Ferraro [redacted]
**Sent:** Wednesday, 20 February 2019 7:08 PM
**To:** medboardconsultation
**Subject:** Consultation

To Whom this may concern,
I am emailing to express my concern that you are looking to limit and control what Integrative Doctors can prescribe and, by doing this, are therefore looking to control and monitor their practise. As someone who regularly sees an Integrative Doctor, with great success and improvements to my illness, having seen no such success from my regular GP. I feel this is an abhorrent limitation on my rights to seek the appropriate medical attention. To put these limitation in place is to not only deny my individual rights, but will also deny thousands of other patients their rights to appropriate treatment and also to professionals who have worked very hard to gain their accreditations in their respected field. I for one will continue to fight for my right to continue to get the much needed treatment from the Integrated Doctors I choose and know many who feel the same way as I do.
Regards
Izabella Ferraro

**From:** Michele Fitzgibbon [redacted]
**Sent:** Sunday, 30 June 2019 7:00 PM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments

I wish to register my voice for Option 1 - do not introduce new regulations.
This proposal from the MBA to segregate conventional & integrative medical practitioners does not allow choice for either the patient or the doctor practising integrative medicine. It also suggests that the right of the doctor to have undertaken their own research & come to the conclusion that they wish to offer both conventional & complementary medicine is not respected & their additional education to come to this conclusion is not recognised.
Australia's health budget is, and will continue to come under pressure as our population ages. People who choose to seek out complementary medicine are often proactive in their health & often out of their own pocket, are not a drain on the health budget.
The term integrative or complementary medicine indicates that doctors work with both medicines, understanding & determining what is the best treatment for their patient. Consumers who want this consultation, seek out these type of integrative practitioners & this right should be respected rather than restricted.
This proposal suggests that the MBA is scared of providing such an option to consumers. What's the alternative? Dr Google? Consumers will always seek out information. Better that consumers make informed rather than ill informed decisions.
Consumers deserve to have a choice about which doctor they visit. Just like they have the right to choose between public & private health hospitals.
This proposal does not respect the intelligence of consumers to make their own health choices. It suggests that the MBA wants to make that decision for consumers. That does not sound like a democratic choice.
Michele Fitzgibbon
Proactive Health Advocate

**From:** Terry Flanagan [redacted]
**Sent:** Saturday, 29 June 2019 6:45 PM
**To:** medboardconsultation
**Subject:** Consultation on Complementary and Unconventional Medicine and emerging Treatments

To whom it may concern,

I wish to lodge a submission expressing my concerns stating that I am not in favour of proposed changes by the MBA where proposed changes create seperate guidelines for integrated medicines (IM) to conventional medicines (CM).

I would think that a qualified professionals in their specific field of expertise has every right to be a consultative authority based on their training.

And, that should be upheld by courts and Medical Authorities as the correct protocol and chain of consultative authority.

I believe that citizens should have the freedom to choose such qualified doctors etc and that that doctor if called upon to report or advocate in any avenue should be correctly granted that right to advocate for that patient based on their skills and qualifications.

I believe that the same guidelines should exist for both entities (IM) & (CM) that they should be not seperately assessed.

I wish for my submission to be considered with weight and substance as, I feel I have committed a solid input over 40 years to my country and community throughout my life as a citizen of Australian.

Yours sincerely

Terrence John Flanagan
[redacted]

**From:** natasha fleming [redacted]
**Sent:** Monday, 13 May 2019 1:09 PM
**To:** medboardconsultation
**Subject:** Complimentary medicine

I am just messaging to advise that I have used complimentary medicine all my life and have achieved great results - without it I don't know what I would do - I have had humiliating experiences when I have had appointments with specialists on two occasions seeking a medical diagnosis for symptoms my gp could not help - only getting relief when I found the right treatment through complimentary medicine - I truly believe it should be down to an individual to choose how they want to treat their medical issues - why should we be told what we can and can't do when it comes to our health - if something works for one person but not another it doesn't then mean it's no good - we are all different and all respond differently- and my experience has been nothing but positive through using complimentary medicines my whole life and my experience with conventional doctors has always left me frustrated, unheard and humiliated so please keep this caring health field available I those that choose a deeply caring approach to their health needs.

Many thanks
Natasha fleming

**From:** Fletcher Melissa [redacted]
**Sent:** Saturday, 29 June 2019 8:00 PM
**To:** medboardconsultation
**Subject:** Fw: Consultation on complementary and unconventional medicine an

I choose Option 1...no new regulations are required for doctors practising in the areas of complementary medicine and integrative medicine."
I have chosen to see Integrative Medicine doctors because:
I want to be involved in my own and my family's care and this requires time in consultations an additional medical training that I found in my integrative medicine doctor.
Conventional medicine provided no answers about why I was sick and I needed medical care with a wider range of diagnostic and treatment options.
I have been harmed by conventional medical treatment, and needed to find other options.
I prefer non-drug approaches for managing my family's and my own health or illnesses.
I am happy with my GP for simple treatments within brief consultations, but I want to go further with prevention and a deeper understanding of what I can do for myself and my family. My integrative medicine doctor provides me the time and knowledge to do that.
I want more from my doctor. More time. More understanding of causes of illness. More power to understand the ways in which I can improve my health to reduce my need for drugs, surgery and medical appointments. My Integrative Medicine doctor provides these for me in a way that 10 minute consultations with doctors cannot.
I have concerns about the proposed regulations because:
There is no demonstrated need to regulate Complementary Medicine or Integrative Medicine. These are safe practices that need no further regulation.
The only concern of the Medical Board of Australia in this process is, and should be, safety. The Chair has said this publicly. Questions about how effective Complementary Medicine and Integrative Medicine is should be a decision left to me.
The Medical Board of Australia includes members of the Friends of Science in Medicine, a political lobby group opposing Complementary Medicine and Integrative Medicine. This is a clear conflict of interest. The Medical Board of Australia should cancel the current consultation, and go back to the start with all current and past members of the Friends of Science in Medicine lobby group excluded from Board participation.
There has been no transparency in consultation process. Freedom of Information requests as to how these proposals originated have been denied or redacted. The Medical Board of Australia has acted in secrecy and a failure to disclose the details of why the new regulations

**From:** Suzanne Flowers [redacted]
**Sent:** Monday, 6 May 2019 4:28 PM
**To:** medboardconsultation
**Subject:** RE: PUBLIC CONSULTATION ON COMPLIMENTARY MEDICINE AND EMERGING TREATMENTS

Executive Officer
Medical - AHPRA
GPO Box 9958
Melbourne VIC 3001
medboardconsultation@ahpra.gov.au

To whom it may concern

Please consider this letter a formal submission in response to the Medical Board of Australia's proposal to strengthen the guidelines surrounding medical practitioners who provide complementary and unconventional medicine. I am highly concerned at these proposed changes and do not agree with them for reasons which I will attempt to outline below.

Specifically, I find it incredible that the Medical Board intend on creating a set of guidelines which will more than likely restrict our highly capable doctors from practising good health care, which is not entirely based on outdated options that come from large pharmaceutical and insurance companies.

I cannot thank doctors enough for the risks they take on themselves with Boards such as yours that are continually putting up road blocks when it is quite clear to the majority of patients, that the combined allopathic/complementary treatment protocols work.

Imposing an increase in restrictions through changes to the guidelines will almost certainly stifle innovation and advancement of medical treatment options available in this country, and not just pertaining to any particular disease but to all chronic and disabling illnesses, particularly any that are not considered mainstream by the pharmaceutical companies, who are all about profits. Australia's medical system will slip even further down the rankings than it already is. It's bad enough our NBN is fourth rate by world standards – do we need to add our health practices to those statistics? Perhaps we should look to progressive countries such as Switzerland who are doing the complete opposite and are encouraging the use of complementary medicines?

Myself and members of my family have used Complementary, Unconventional and Emerging Medicine and we highly value its availability and we are very happy with its practice. Any treating doctors we have been in contact with already provides discussion about options for treatment and their relative merits and potential problems. I value free choice in making decisions regarding my own personal medical treatment and that of my family. My daughter is now able to function as a relatively normal adult instead of the bedridden woman she was well on the way to becoming while under the treatment of regular GP's.

The suggestion of strengthened guidelines is far too controlled, an attack on my human right to seek any treatment I choose (which has worked) and the same goes for my family and friends. Whether you agree or not with the diagnoses, the treatment plans, it is not the Medical Board's decision to hold our futures at jeopardy because of its own antiquated ideology. It is obvious to me that regular GP's have all gone to the same college and learned the same antiquated ideas that doctors from one hundred years ago learned.

As such, my preferred choice of the proposed outcomes is to retain the status quo, otherwise fellow sufferers will only have the option of traveling overseas, where they are at even greater risk of complications. Australia is not a third world country, and my expectation is that I should be able to attain the treatment of my choice, here at home, as should everybody else.

Moreover, if the Medical Board eventually decides to implement Option 2 (greater regulation) I demand that: it applies to ALL medical practitioners with the same onus of exhaustive exposition of all treatment options, research etc; and that the Board accept that integrative medicine, utilising Complementary or Unconventional or Emerging Medicines as well as conventional medicine, will be recognised as a Speciality, in order to allow increased Medicare rebates to help cover the increased costs of fulfilling the new regulations.

Your sincerely

Suzanne Flowers

Phone [redacted]

**From:** Allison Forsythe [redacted]
**Sent:** Sunday, 30 June 2019 6:04 PM
**To:** medboardconsultation
**Subject:** Submission Regarding New Regulations Governing the Practice of Complementary, Unconventional and Emerging Medicine

To whom it may concern,

My name is Allison Forsythe and I live in Sydney, New South Wales.

I write to you about my concern for your proposed regulations governing the practice of complementary, unconventional and emerging medicine.
I have used Complementary medicine in the form of herbs, acupuncture and natural supplements for the past 36 years and found all three modalities to be of great benefit.
I therefore greatly value it's availability and consider the practice of it essential for my health and well being.

My general practitioner has always provided discussion about options for treatment and their relative merits and potential problems.

I greatly value the free choice I have now in making decisions over my medical treatment.
Therefore my preferred choice of outcome is to retain the status quo.

If the Medical Board does eventually decide to opt for greater regulation, I would prefer that it be modified from the current proposal to ensure;
**1. That it applies to ALL medical practitioners with the same onus of exhaustive exposition of all treatment options, research etc.**
**2. That the Board accept that Integrative Medicine, utilizing Complementary or Unconventional or Emerging Medicine as well as conventional medicine, be recognized as a Specialty in order to allow increased Medicare rebates to help cover the increased costs of fulfilling the new regulations.**

Kind regards,
Allison Forsythe

# Consultation on complementary and unconventional medicine and emerging treatments

Hamish C M Foster
BSc, MBBS, MS, FRACS, FRCS, FACS
Clinical Associate Professor of Surgery (Retired)
Commander RAN (Retired)

## POSSIBLE BIAS AND CONFLICTS OF INTEREST

Although retired from remunerated employment, I remain a student of science and surgery, having tertiary level training in both areas of knowledge.
I believe that human actions should be based on sound objective scientific evidence, wherever possible. Where evidence is lacking, it should be sought using objective scientific method. In my opinion all medical treatment should be subjected to the same scientific scrutiny: complementary, traditional and unconventional medicine and emerging treatments are no different.

I do not hold any faith-based beliefs, however I do not object to those who do, provided their beliefs and consequent actions do no harm to themselves or others and they do not attempt to impose their beliefs on other humans.

The opinion expressed in this consultation paper are my own and not instructed by other parties. I am not in receipt of any material benefit for contributing to this consultation (as far as I am aware).

I have investments (mainly ordinary shares) in several companies, some of which are involved in medical treatments. These companies have no direct influence on my opinion and are not aware of my contribution to this consultation which is made without intending to influence or benefit any of these companies or myself.

# INTRODUCTION

The human race has now amassed a vast amount of effective knowledge, based on sound scientific evidence, concerning the treatment of human disease.

It is self-evident that Registered Medical Practitioners (RMPs) should use the most effective evidence-based treatment for each individual patient they manage.
To do otherwise might indicate, lack of knowledge, poor judgement, incompetence, unethical, exploitative, or even criminal behaviour.

The general population and particularly patients should be provided with readily accessible, authoritative information regarding the correct evidence-based treatments for their various disease, whether they are receiving treatment from RMPs or other providers.

The Medical Board (MB) should aim to ensure that RMPs (and other treatment providers registered with associated professional bodies) do not use treatments that are not evidence-based and in particular those proven to be useless and/or harmful (whether physical, psychological, financial or social harm).

A combination of regulation and education with surveillance and enforcement by the MB is likely to achieve this aim.

# ANSWERS TO SPECIFIC QUESTIONS FOR CONSIDERATION

1. I do not agree with the term ‘complimentary and unconventional medicine and emerging treatments’
The term is difficult to define, vague, awkward, unwieldy. It may limit the scope and impact of the guidelines.
It tends to legitimize and add a sense of respectability to treatments have been shown to be unscientific, useless, exploitative and even harmful.

In my opinion, 'UNPROVEN TREATMENTS' is a better term as it more succinctly summarises the underlying problem now increasingly faced by the community and RMPs.
Definition of 'unproven treatments' can be made with greater precision and clarity than the difficult semantics and determination of the scope of the terms 'complimentary and unconventional' which are the subject of much debate and variation in opinion.

## DEFINITION OF 'UNPROVEN MEDICAL TREATMENTS'

i. UNPROVEN: UNDER ASSESSMENT

A new or emerging treatment which is currently undergoing objective scientific investigation regarding its risks and benefits.

Research showing high-level evidence of safety and efficacy will allow use of the treatment as 'proven' for its indicated diseases. It will no longer be 'unproven'. Treatments which fail objective scientific assessment should be classed as "proven non-therapeutic and/or harmful" and clearly not indicated for the diseases evaluated.

ii. UNPROVEN: PROVEN TO HAVE NO PHYSICAL BENEFIT (NON-THERAPEUTIC)
An existing treatment (which may be known as 'traditional', 'complimentary' or 'unconventional') proven by objective scientific studies to have no physical benefit to patients for the indicated illness or illnesses. (eg homeopathy)

iii. UNPROVEN: PROVEN TO HAVE RISK OF HARM OUTWEIGHING BENEFIT

An existing treatment (which may be known as 'traditional', 'complimentary' or 'unconventional') proven by objective scientific studies to have little or no physical benefit and which carries significant risk of harm to patients.
These treatments should be classed as NON-THERAPEUTIC AND (POTENTIALLY) HARMFUL

iv. UNPROVEN: INADEQUATE EVIDENCE

A treatment for which there is insufficient objective scientific evidence of efficacy and safety.
Further studies should be undertaken to obtain the necessary, high-level evidence to allow accurate assessment and classification of the treatment.

2. I do not agree with the proposed definition of 'complimentary and unconventional medicine and emerging treatments' for the reasons given in para.1 above. The definition also lacks precision and is open to multiple interpretations concerning which treatments to include in this category.

All treatments which are not shown to be of therapeutic benefit and safe, whether 'conventional' or otherwise, should be defined by the Medical Board as 'unproven'. (Terms, such as 'unconventional or complimentary' seem very difficult to define in objective scientific ways and should be avoided in this era of evidence-based medicine)

I propose the definition be 'UNPROVEN MEDICAL TREATMENTS'

With the classifications proposed above.

3. I think the issues should be expanded to include all unproven treatments used or encountered by all RMPs
( Although the scope of the consultation initially proposed does in fact cover virtually all unproven treatments without actually stating this)

4. I think the Board must continue to give constant careful consideration to the hazard of seeming to legitimize useless, expensive, harmful and risky treatments, where the only benefit to patients may be placebo.
The Board will require vigilance, in identifying new treatments of concern in the future.

5 In my opinion, safeguards for all patients are an enormous area of responsibility for the Medical Board, especially dealing with 'unproven treatments'.

This includes education of all RMPs, patients and the community by the MB, along with clear regulation and guidelines.
Firm and effective enforcement of regulations will be required to safeguard patient safety and minimize exploitation of the community, in particular to prevent waste of public and taxpayers' funds on ineffective and harmful medical treatments.

6. No comment. (although it seems almost certain that much more current and emerging information id available to the MB)

7. In my opinion the MB's 'Good Medical Practice' is not adequate to address and regulate the issues now identified in the area of 'unproven medical treatments'. The area involves many new and complex treatments and is rapidly increasing. This creates a situation that is ripe for error, malpractice and exploitation. RMPs, patients and the community deserve access to reliable contemporary information, with clear guidelines and enforceable regulations.

8. New guidelines and regulations (option two) should be issued by the Medical Board to all RMPs regarding 'unproven treatments' in order to address these emerging and increasing issues.

## FEEDBACK ON DRAFT GUIDELINES

In my opinion the term 'complimentary and unconventional medicine and emerging treatments' should be replaced by 'unproven medical treatments' which simplifies and more precisely defines the consultation and its scope.

I agree that the guidelines should apply to all RMPs and aim to inform them and the community (especially patients) concerning unproven treatments, in particular those which are useless, risky, dangerous or exploitative and in frequent use by practitioners.

'Unproven medical treatments' should be defined and classified as described above.

I agree in general with the points raised in ‘Background’ but feel the guidelines should be forceful in providing objective evidence regarding medical treatments and specifically avoid seeming to endorse useless, dangerous or exploitative treatments by weak or ambiguous statements in the guidelines.
Protection of the community should be paramount.

I agree in general with the remainder of the draft guidelines (paras 1-9), which are a statement of current good medical practice in Australia.
Again, I emphasize the importance of using the term ‘unproven medical treatments’ as it more accurately and precisely defines the scope of the problem and is more descriptive and readily understood by RMPs, patients and the community.

## SUMMARY AND CONCLUSION

This consultation is a matter of fundamental and widespread importance, to all Registered Medical Practitioners (RMPs), their Patients and the Community.

It amounts to a consultation on all ‘unproven’ treatments used and encountered by RMPs and thus a matter for intense involvement by the Medical Board (MB).

Treatments used by RMPs should be based on objective scientific evidence demonstrating therapeutic benefit and safety, wherever possible.

There is no place for Registered Medical Practitioners to use treatments proven to have no physical benefit for patients (eg homeopathy).

Likewise, there is no place for unproven treatments where the risk of harm (physical, psychological, social or financial) exceeds the possible benefit to the patient and /or community.

The MB has a vital role to play in defining, regulating and enforcing guidelines involving unproven medical treatments. The guidelines are relevant to all RMPs and the community.

The MB should make every effort to prevent expenditure of community and tax-payers' funds on unproven treatments and risky or harmful medical treatments.

The MB should provide specific evidence-based information in the guidelines to educate and inform RMPs and the community. Recommendation should be explicit and definitive. Patient and community safety and protection from physical, psychological, financial and social harm should be paramount.

**From:** [redacted]
**Sent:** Sunday, 30 June 2019 9:34 AM
**To:** medical board consultation
**Subject:** Proposed changes

Dear Sir/Madam

**RE: PROPOSED CHANGES**

This must not be allowed to happen !!!!. There must be a choice by Patients who want to have integrative medical doctors who can offer an Alternative form of treatment if they so choose. I treat our family and my animals holistically wherever possible and I only resort to Conventional medicine when absolutely necessary, but it is not my First choice of treatment. I need to feel assured that when I visit a Doctor of my choice, that they are open to natural remedies as well as Conventional treatment. I do not feel 100% confident that when I am prescribed a medicine by a doctor that it does not come with huge side effects and as such I choose to see an Integrative Medical doctor who can offer me both forms of treatment. Therefore as listed below, the reason I object to what is proposed:

**I choose Option 1: "no new regulations are required for doctors Practising in the areas of complementary medicine and integrative Medicine."**

**I have chosen to see Integrative Medicine doctors because:**

- I want to be involved in my own and my family's care and this Requires time in consultations an additional medical training that I found in my integrative medicine doctor.
- Conventional medicine provided no answers about why I was sick and I needed medical care with a wider range of diagnostic and treatment Options.
- I prefer non-drug approaches for managing my family's and my ownHealth or illnesses.
- I am happy with my GP for simple treatments within brief Consultations, but I want to go further with prevention and a deeper Understanding of what I can do for myself and my family. My Integrative medicine doctor provides me the time and knowledge to do That.
- I want more from my doctor, more time, more understanding of causes of illness. More power to understand the ways in which I can improve My health to reduce my need for drugs, surgery and medicalAppointments. My integrative Medicine doctor provides these for me in a way that 10 minute consultations with doctors cannot.

**I have concerns about the proposed regulations because:**

- There is no demonstrated need to regulate Complementary Medicine or Integrative Medicine. These are safe practices that need no further Regulation.
- The only concern of the Medical Board of Australia in this process is, and should be, safety. The Chair has said this publicly. Questions about how effective Complementary Medicine and Integrative Medicine is should be a decision left to me.
- The Medical Board of Australia includes members of the Friends of Science in Medicine, a political lobby group opposing Complementary Medicine and Integrative Medicine. This is a clear conflict of Interest. The Medical Board of Australia should cancel the current consultation, and go back to the start with all current and past Members of the Friends of Science in Medicine lobby group excluded from board participation.

- There has been no transparency in consultation process. Freedom of Information requests as to how these proposals originated have been denied or redacted. The Medical Board of Australia has acted in secrecy and a failure to disclose the details of why the new regulations.

Yours faithfully
Mrs Lynette Fougere

**From:** Lucy Fox [redacted]
**Sent:** Monday, 18 March 2019 11:52 AM
**To:** medboardconsultation
**Subject:** Public consultation on complementary and unconventional medicine and emerging treatments

To Whom It May Concern,

By regulating and constricting doctors from providing "unconventional medicine", there will be a large population of Australians who will suffer under these proposed changes.

Many Australians suffer from relatively under-researched and under-funded illnesses, including but not limited to: Myalgic Encephalomyelitis, Ehlers-Danlos Syndrome, Fibromyalgia, Multiple Chemical Sensitivities, Mast Cell Activation Disorder, Arthritic disorders, and an array of not-well-understood autoimmune diseases. These diseases, syndromes, and disorders do not have specialist doctors or universal health care plans and treatments. The proposed changes would make the lives of sufferers significantly worse, as they would not be able to access medicines and treatments which help the individual. These changes cannot be implemented without harming a vast population of vulnerable Australians.

Kind regards,

Lucy Fox

**From:** [redacted]
**Sent:** Tuesday, 30 April 2019 10:32 PM
**To:** medboardconsultation
**Subject:** Do NOT impose more limits on integrative doctors

To whom this may concern

I am emailing to express my concern that you are looking to limit and control what Integrative Doctors can prescribe and, by doing this, are therefore looking to control and monitor their practice. As someone who regularly sees an Integrative Doctor, with great success and improvements to my illnesses, **having seen no such success from my regular GP, and in fact having been hindered by some of them,** I feel the this is an abhorrent limitation on my rights to seek the appropriate medical attention.

This is not to denigrate regular GPs, just to say that they see the world through a particular and limited lens, and I would not be healthy now if I had not been able to use both regular GPs and integrative doctors. Seriously. My physical well-being and my ability to build a business and work effectively have been entirely due to the advice and medications I have received from Integrative doctors — all of which were overlooked, disregarded or even ridiculed by regular GPs. (And in many cases the things they ridiculed me for a decade ago are now accepted as self-evident truths).

To put those limitations in place is to not only deny my individual rights, but will also deny thousands of other patients their rights to appropriate treatment and also to those professionals who have worked very hard to gain their accreditations in their respective field.

I request that no such measures are put in place so that I may continue to receive Integrative Medical treatment.

Regards,

Maureen Fox
…….

[redacted]

**From:** [redacted]
**Sent:** Sunday, 30 June 2019 7:32 PM
**To:** medboardconsultation
**Subject:** Proposed guidelines put the Integrative Medicine community at risk.

# • PROPOSED GUIDELINES PUTS THE INTEGRATIVE MEDICINE COMMUNITY AT RISK

We are concerned that if the new guidelines for 'complementary and unconventional medicine and emerging treatments' are adopted, a two-tiered system may arise that threatens Integrative Medicine and unreasonably targets practitioners.

Our concerns are as follows:

- The grouping of integrative medicine with 'unconventional medicine' and 'emerging treatments' may create the impression of being "fringe" rather than evidence-based
- That many of the terms used in the rationale such as 'unconventional medicine', 'inappropriate use' and 'emerging treatments' leads to ambiguity and uncertainty
- That the term 'complementary medicine' also includes access to traditional medicines
- No evidence produced in the discussion paper quantifies risk in practicing complementary or integrative medicine vs 'conventional' medicine
- That there was NO consultation with the Integrative Medicine or complementary medicine community before the document's release
- That the current Good Medical Practice: A Code of Conduct for Doctors in Australia already adequately regulates doctors' practice and protects patient safety. There is no need or justification for a two-tiered approach
- That the right of patients to determine their own medical care is under threat
- That the lack of clarity on how to determine what is 'conventional' versus 'unconventional' can be misused by people with professional differences of opinion which results in troublesome complaints.

***Karen, Anthony, Leroy, Solomon & Maya France***

[redacted]

# Consultation on Complementary and Unconventional Medicine and emerging treatments

I welcome the Medical Boards consultation on the above matter as I am concerned, as an Integrative Medical Practitioner, on the standards of care and the embarrassing use of controversial and radical treatments.

The public has to be kept safe and are vulnerable to radical treatments.

I draw the consultation to the following points:

1/ Patients purchasing Progesterone creams and Pregnenolone from overseas sites.

2/ The poor regulation of the Compounding Industry with varying quality and accuracy of compounding. Genuine and well-trained Compounding Pharmacists are being affected by the poorly trained colleagues and examples of patient risks are well known. Doctors have no idea of who are competent Compounding Pharmacies.

3/ Some patients are intolerant of standard medicines and need compounded alternatives and they will suffer unnecessarily from a complete ban of certain alternatives e.g. Compounded Progesterone for patients who are intolerant of the fillers in Prometrium.

4/ Almost non-existent medical education on nutrition in the undergraduate medical course and consequently unfair criticism of properly trained practitioners. This will burden the complaints process on APHRA with undue stress on the genuine Integrative Practitioners.

5/ Companies selling their products through Chiropractors who are recommending products for fatigue and mood disorders, outside their area of expertise, with a financial conflict of interest.

6/ Many patients do not fit into a standard clinical mould, with genetic and socioeconomic factors influencing their tolerance to medications and varying clinical presentations. Time poor and poor remuneration for long and complex patients presentations, will

divert patients to non-medical practitioners who will generate income from product sales. It is important to recognise the value of the Integrated Medical Practitioner who has an understanding and knowledge of non-pharmacological agents to protect the patient from the interaction of polypharmacy and the associated economic burden.

7/ There is a danger of 'throwing the baby out with the bath water' if proposed regulations affect patients. Many patients are refusing to take prescription medications because of ' Doctor Google" and they will submerge to getting their care on the net and be subject to online purchases.

8/ lack of control of sales at a Health food shops leading to inappropriate purchases. It is common knowledge that patients do not disclose non-prescription consumption to their doctor. Inappropriate controls on the Integrative Medical Doctor will lead many patients to go to the health food shop and naturopaths for advice and treatments without relevant investigations.

9/ Poorly trained pharmacists in nutritional medicine will lead to inappropriate and commercially influenced purchases. Many pharmacies have in house naturopaths with varying levels of knowledge in complementary medicine further compromising patients welfare.

10/ I recommend a dedicated supervising body like a Professional Standards Committee to regulate Integrated Medical Practitioners and advice the Board on the standards of care of the individual and overall practice of Integrated Medicine.

Dr Nathan Francis

MBBS (WA)
FRACGP, Dip. Aust. COG
FACNEM, FAMAC,
Master of Family Medicine ( Monash)
Graduate Dip of Nutritional Medicine ( UNE)
ABBARM
Fellow of Lifestyle Medicine ( Aust.)

**From:** Kim Friend [redacted]
**Sent:** Thursday, 11 April 2019 4:41 PM
**To:** medboardconsultation
**Subject:** RE: PUBLIC CONSULTATION ON COMPLIMENTARY MEDICINE AND EMERGING TREATMENTS

Executive Officer
Medical - AHPRA
GPO Box 9958
Melbourne
VIC 3001
Australia

To whom it may concern

Please consider this letter a formal submission in response to the Medical Board of Australia's proposal to strengthen the guidelines surrounding medical practitioners who provide complementary and unconventional medicine. I am highly concerned at these proposed changes and do not agree with them for reasons which I will attempt to outline below.

Specifically, it is alarming that once again Lyme Disease (or Lyme-Like and associated tick borne illnesses) has been called out as an area of concern. It is disappointing to see that Australia is so far behind the latest peer reviewed research in this area, and even more shocking that the Medical Board intend on creating a set of guidelines which will more than likely restrict our highly capable doctors from practising good health care, which is not entirely based on outdated options that come from large pharmaceutical and insurance companies.

Imposing an increase in restrictions through changes to the guidelines will almost certainly stifle innovation and advancement of medical treatment options available in this country, and not just pertaining to Lyme Disease, but to other chronic and disabling illnesses. Australia's medical system will slip even further down the rankings than it already is. Perhaps we should look to progressive countries such as Switzerland who are doing the complete opposite and are encouraging the use of complementary medicines?

I have family and friends who use Complementary, Unconventional and Emerging Medicine and I highly value its availability and I am very happy with its practice. Treating doctors already provide discussion about options for treatment and their relative merits and potential problems. I value free choice in making decisions regarding my own personal medical treatment.

The suggestion of strengthened guidelines is far too controlled, an attack on my human right to seek any treatment I choose to use with my chosen health professional. Whether you agree or not with the diagnoses, the treatment plans, it is not the Medical Board's decision to hold my future at jeopardy because of its own antiquated ideology.

As such, my preferred choice of the proposed outcomes is to retain the status quo, otherwise fellow sufferers will only have the option of travelling overseas, where they are at even greater risk of complications. Australia is not a third world country, and my expectation is that we as Australians should be able to attain the treatment of our choice, here at home.

Your sincerely
Kim Friend
11th April 2019

**This submission is made in response to the Medical Board of Australia Consultation Paper on 'Complementary and Unconventional Medicine and Emerging Treatments'**

**Linda Funnell-Milner:** I am a consumer of Integrative Medicine (herein referred to as IM/CM) and a practicing Nutritionist.

I have given careful consideration to the draft guidelines Complementary and Unconventional Medicine and Emerging Treatments (herein referred to as 'the draft guidelines'). If implemented these guidelines would apply to me as a consumer and would:

1. Lessen my inalienable right to choose my health care professional and health care modality where and when, at my own expense, I choose to do so,
2. Be so restrictive as to actively discourage appropriately licensed IM/CM doctors and practices in the market place,
3. As a consequence of making it impracticable for IM/CM doctors to operate, substantially lessen competition in the marketplace for quality care,
4. Positively discriminate in favour of Allopathic Medicine despite its proven relative risks and poor health outcomes when compared with IM/CM practices.

Further, in an attempt to understand the reasons behind the development of and asserted need for these guidelines I have submitted 8 Freedom of Information requests into the background, drivers and influencers (political, social, financial, complaints driven etc.) of the development of these guidelines.

The overall responses that I have received to my FOI requests have led me to understand that:

- At the inception of the project Initiative 9 in 2015/16 – the MBA Board and AHPRA suspected (on hearsay) that there was a need to develop a guideline – but lacked any substantiating data for the extent of the issue, if in fact any existed.
- The MBA Board still does not have a data set that would substantiate such a guideline and would have to manually assess all the complaints received by AHPRA in a given year, to determine whether or not the complaint applied to a complementary practice or conventional practice.
- The Board has no cohesive set of documents, business case or data that would require them to develop a separate and divisive guideline for Complementary Doctors.
- The usual and relevant pathways for the development of a stakeholder engagement program for the purposes of developing the guideline were ignored. FOI2

**Summary of Response:**

**Affirm preferred Option 1:**

**The only substantiated option is Option 1 for the following reasons**

1. The "Good Medical Practice" Guidelines already covers all the issues canvassed in this draft guideline
2. The section on consumer expenditure in the draft guideline: "The Prevalence and use of complementary medicines. Recent figures report that the sector in Australia generates revenue of up to $3.5billion annually – this would include over the counter products. A large proportion of consumers (more than two-thirds), report using complementary medicines."
   This is a reflection of:
   - The confidence and willingness of the public to use and trust complimentary practices and medicines
   - The public being willing to invest in their wellness & illness prevention at their own cost.
   - Is not a reflection that they do not take pharmaceuticals or conventional advice when necessary

**Reject Option 2:**

I reject Option 2 for the following reasons:

The stated purpose and principle of this draft guideline is protecting the public – yet there is no evidence that patient risk or patient harm is not being adequately provided for by the current "Good Medical Practice" Guidelines. No case has been made that additional guidelines are required.

The discussion paper is without substantiation of the claims made in its content. It completely lacks compelling evidence that the subdivision of appropriately licensed practitioners into separate categories is necessary for good medical practice.

This draft guideline creates a standard (i.e. empirical evidence based practice) for a subset of practicing and appropriately licensed professionals. Yet they, themselves (MBA Board) have not met the same foundation upon which these draft guideline stand. That is to say, there is no empirical evidence behind the MBA Board's recommendations.

The Public Consultation Paper and the Discussion Paper create the illusion of a substantial basis for an extra guideline by the use of such terms as

- there are reports….
- concerns have been raised…
- concerns have been raised by stakeholders,
- suggesting that additional guidance for medical practitioners is needed to support safe practice and ensure safeguards for patents
- feedback has been received from stakeholders
- information available to the Board
- The use of the word 'MAY' where no real data or evidence is available (Appendix p 15)

It is instead based on hearsay, conjecture, hypothesis and extrapolations that do not ground this draft guideline proposal in good evidence

**Other concerns:** I have several other concerns that I will address in detail further.

**These include:**

1. Absence of data that identifies the necessity of such a guideline – no data on the size, extent and relative risk of the problem which were the three principal objectives of the project at its inception.
2. Bias in the presentation of the discussion paper for Option 2
3. Discussion paper creates uncertainty for practitioners and patients – the definition wholly lacking
4. Discussion paper creates uncertainty of extent of the current and future scope that will be the subject of the guideline.
5. Misleading statements made by representatives of MBA in public domain
6. Draft Guidelines positively encourages misleading and deceptive conduct by conventional doctors

**1. Absence of data that identifies the necessity of such a guideline – no data on the size, extent and relative risk of the problem**

The only information available to the public on the need for separate guidelines is anecdotal, unscientific and observational, often in cursory comments, with no evidence and no relevant data.

AHPRA has had three major projects that should have facilitated the MBA's access to data that would facilitate transparency in the public response to these guidelines. Such data would assist to establish its case for change.

Those projects included:

- AHPRA and MBA entering into embedding a risk based approach 2014/15
- A 2014/15 NHMRC Grant in partnership with Melbourne University to identify using national data risk hot-spots
- AHPRA and MBA Initiative project No. 9 2015/16

However my request under Freedom of Information for a relevant segment of data was met with a response that claims no documents of relevant data exists for the complaints data as reported in the APHRA Annual Report 2018.

**A summary of my Freedom of information request: FOI22665**

The decision to create a guideline – Initiative 9, 2014

1. In the AHPRA 2018 Annual Report which can be found at the URL copied below, Tables 8, 9 & 10 set out the Notifications of Complaints and Concerns according to profession. I note that the total notifications for Medical Practitioners nationally numbered 6348 in this reporting year. Please provide copies of any documents electronic or otherwise that divides this national number (or the state numbers) into complementary practitioners and non-complementary practitioners that were submitted to senior management of the Medical Board Australia or the NSW HPCA: https://www.ahpra.gov.au/annualreport/2018/notifications.html

   ***Response***: While AHPRA keeps record of the number of total notifications received for medical practitioners for any given year, ***I confirm that AHPRA does not hold any statistics that subdivides the number of such notifications to those that relate to "complementary practitioners and non-complementary practitioners" respectively***.
   ***In order to generate the statistics relevant to item 1 of your request, AHPRA would be required to review all notifications received for 2018 for medical practitioners to identify those that involve practitioners who offer complementary health services, which would be an extremely time-consuming process.***
   In addition, I note that section 11(1) of the FOI Act gives every person a legally enforceable right to obtain access to a document of an agency (such an AHPRA). ***However, the right of access under the FOI Act applies only to documents in existence, rather than to information. Therefore, AHPRA is not obliged to undertake the process described above and to create a new document in response to item 1 of your request for access.***
   Under s 24A(1) of the FOI Act, an agency refuse a request for access to a document if all reasonable steps have been taken to find the document and the agency is satisfied that the document does not exist or cannot be located.
   ***Based on my consultation with other officers from the relevant area(s), I am satisfied that the documents relevant to item 1 of your request do not exist.***
   ***In accordance with section 24A(1) of the FOI Act I refuse access to documents on the grounds all reasonable steps have been taken to locate documents but the documents do not exist.***

Therefore the number of complaints reported in AHPRA Annual Report 17/18 (which included HCNSW data) states that 53% of complaints were in regard to Medical Practitioners but there is no subdivision of this data.

While there are many ways to present this data – the basic facts remain.

AHPRA have no data relating to:

- Nos. of IM/CM practitioner's vs conventional medical practitioners receiving complaints within the Medical Practitioner category.

- The primary reason of the complaint registered (conventional or non-conventional practice or practices) is ***unknown*** for those that may have been within the Medical Practitioner cohort and practicing IM/CM.

It is a reasonable assumption that if those figures do not exist (as a single document and cannot be generated except manually) and are not available in any form for 2018 Annual Report – it logically follows that they have not been available since the inception **of the AHPRA and MBA Project Initiative No.9** in **2015/16**

**This vacuum of data continues to exist in spite of AHPRA and MBA entering into an embedded risk-based approach as outlined in the AHPRA Annual Report 14/15, the NHMRC Research Grant and 3 years of a research program to identify hot spots of risk, and 3 years of Project Initiative 9. (Appendix p15)**

As the discussion paper also states – AHPRA and the MBA do not know how many IM/CM doctors there are. One primary reason for not knowing this number is that the project managers intentionally did not ask the appropriate industry associations and membership organisations.

Yet there is clear and unequivocal evidence of the extent and size and numbers of complaints in general, the risk from Allopathic Medicine practiced in Australia from both adverse Events Data and the risk of and actual adverse effects and reactions to the prescription drugs as prescribed by conventional doctors.

Consider the following three presentations of data that is available in the public domain.

**AHPRA Annual Report 17/18: data for complaints against certain types of registered practitioners**

| | 17/18 | % of all complaints | 16/17 | % of all complaints |
|---|---|---|---|---|
| **Total No. of Compl** | 11,886 | 100% | 11,009 | 100% |
| **Medical Practitioner** | 6,348 | 53.4% | 5,913 | 53.7% |
| **Chinese Medicine** | 74 | 0.6% | 61 | 0.6% |
| **Chiropractor** | 136 | 1.1% | 171 | 1.6% |
| **Osteopath** | 32 | 0.3% | 25 | 0.2% |

**Adverse events data** reported for 2018 sourced from the Government website Australian Institute of Health & Welfare:

In an environment where only conventional medicine is practiced (hospitals) **40,320 adverse events** are recorded from Hospitalisations in Australia 2015 – 2016. The following extract does not include the number of adverse events that did not result in hospitalisation and may have occurred in private conventional surgeries and clinics.

**Australia's Health Annual Report 2018:**

- In 2015–16, adverse events for emergency admissions were more than double the rate for non-emergency admissions (9.7 per 100 separations and 3.9 per 100 separations, respectively).
- Adverse events were also more likely to occur in surgical admissions (7.7 per 100 separations) than non-surgical admissions (4.7 per 100 separations). (Australia's Health 2018 report).
- The most common adverse event groups reported in hospitals were *Procedures causing abnormal reactions/complications* (in 51% of hospitalisations involving an adverse event) and *adverse effects of drugs, medicaments and biological substances* (32%).

**Medicine Safety Report 2019: Pharmaceuticals Society of Australia**

**Medication Related Hospital Admissions: p3**

- 250,000 hospital admissions annually are a result of medication-related problems
- Annual cost $1.4 billion
- 400,000 additional presentations to emergency departments are likely to be due to medication-related problems
- 50% of this harm is preventable
- Over 90% of patients have at least one medication-related problem post-discharge from hospital

**Residential Aged Care: p3**

- 98% of residents have at least one medication-related problem
- Over half are exposed to at least one potentially inappropriate medicine

This type of evidence is helpful and assists in the identification of relative risk and the extent and type of response that the community should look to APHRA and MBA to address.

However, the evidence presented in this draft guideline lacks clarity, substance and does not allow for a calculation of relative risk. The standard of information presented in this draft guideline would be considered to be identified and academically considered evidence at Level 7 at the base of the Evidence Hierarchy which consist of Ideas, opinions, editorial comments, and the least reliable anecdotal, unscientific reports and observations.

**2. Bias of the Discussion Paper for Option 2**

The Public Consultation Paper is biased and presents information in such a way that only supports its preference for confirming Option 2. This demonstrates that the draft guideline is not a consultation paper but a justification for the stated preferred outcome.

If this was a genuine consultation paper with stakeholders, the outcome would be open to being influenced by stakeholders representing option one and two.

It is not until the section Questions for Consideration – (Question 11 on page 4) that the ability to choose another 3rd option is canvassed. It is mentioned as a sub bullet point to question 11 and is titled ***'Other'.*** The entire discussion encompassing some 20 pages does not even suggest that the Board in its deliberations considered other options or what they were despite 3 years of deliberation since the inception of the project to develop the guidelines.

In regard to the 'tenor' of the questions in this section, nine of the 11 questions positively assert the Board's Option 2. Questions 2, 3, 4, 5, 6 and 8 could only be considered 'a fishing expedition' for an expansion of the current draft and the Board's preference for Option 2.

Question 4 and 6 are asking for further data that would support their preferred Option and which the MBA at present lacks – i.e. data, reports, examples

The draft guideline has been developed in vacuum of genuine stakeholder engagement throughout its development.

This includes the failure to consult with knowledgeable and relevant stakeholders such as the RAGCP Working Group on Complimentary and Integrative Medicine, Australian Integrative Medicine Association, Australian College of Nutritional and Environmental Education, NICM Health and Research Institute and many others.

The MBA has a Professional Reference Group who are defined as a delegated authority for the purposes of stakeholder engagement processes and consultation. Yet the MBA apparently did not involve this Group of qualified professionals at any point in the development of the guidelines. While the Board has a discretion as to whether or not they use this Group, it would seem obtuse that there was no reference to this stakeholder resource.

**FOI Request: FOI 22445**

My question 10 was: Please provide electronic copies of all the outcome documents or presentations created and distributed on this initiative (9) in the years 2014 – 2017 including for the AHPRA Professional Reference Group:

a. Minutes of meetings between the Professional Reference Group, AHPRA and MBA in regard to this Initiative 9.
b. Background or briefing documents to or from senior management and executives of AHPRA and or MBA, or special sub groups, working groups or project management groups of either organisation on this Initiative 9 written by or to the AHPRA Professional Reference Group.
c. Data files that were used to determine the size and extent of the problem in Initiative 9 including number of complaints whether consumer or profession initiated.
d. Background or briefing papers and minutes between MBA and AHPRA Professional Reference Group in regard to this Initiative 9.
e. Other records of meetings including personal note books with regard to this Initiative 9.

***Response:*** Under section 24A(1) of the FOI Act, an ***agency may refuse a request for access to a document if all reasonable steps have been taken to find the document and the agency is satisfied that the document does not exist or cannot be located.***

***In response to your request, we conducted a review and search of our internal file management systems for documents relevant to your request and were unable to identify any documents that fall within the scope of your request.***
***Based on my consultation with other officers from the relevant area(s), all locations where any documents relevant to your request would reasonably be located were thoroughly searched.***
***In accordance with section 24A (1) of the FOI Act I refuse access to documents on the grounds all reasonable steps have been taken to locate documents but the documents do not exist.***

Stakeholder engagement has only taken place at the end of this process with its development shrouded in secrecy.

The outcome is finalised before consultation – the Board has already decided. For a document that purports to be protecting and upholding the public safety and transparency of responsibility and accountability within medical practice, its development process seems strangely at odds with purpose.

**3. Discussion paper creates significant uncertainty in regard to the definition that is used to identify who the draft guidelines will apply to.**

The definitions in this document completely fail to reduce uncertainty, enable the public to understand the requirements, or enable understanding and compliance by registrants.

**Definitions:**

The grouping together of three distinctly separate areas in this proposal is inappropriate. I refer to the terms 'complementary and unconventional and emerging'. These terms are completely unrelated in terms of the risk profiles that may be relevant to each one individually.

The risks for Complementary medicine are low when compared to those of the unconventional and emerging practices. The risks of Complementary Medicine are also low when compared to the data for conventional medicine (see page 4 & 5 of this submission).

The use of ill-defined terms such as conventional, unnecessary and unproven makes it impossible for medical practitioners to know when they are, or are not, included in the terms of the guidelines (at any given minute of any given consultation) and indeed if they are complying or not.

4. **Discussion paper creates uncertainty of extent of scope currently and into the future that are an will be the subject of the guideline**.

**Extract Page 3 Discussion Paper**

The draft guidelines provide guidance on good medical practice in relation to areas of practice that are within the Board's definition of complementary and unconventional medicine and emerging treatments.

*However, if approved, the guidelines will be a standalone document and will not include the examples currently in the discussion paper.*

***The Board will develop supporting documents (based on the discussion paper) that will be available with the guidelines to provide information on the scope of the guidelines and include examples of complementary and unconventional medicine and emerging treatments.***

***Providing this additional information separately from approved guidelines will enable the Board to update it as needed as the scope of this area of practice can be subject to rapid changes.***

This quote from the guidelines demonstrates the failure of this document to substantially define both the content and context of practices covered by this guideline now and into the future. What is created is definitional ambiguity and an open class of practices that are not defined. An attempt to cover the 'universe of practices'

The third paragraph of this extract says that supporting documents based on the discussion paper will be developed. However the second paragraph says that the examples used in the discussion paper won't be used.

***How are stakeholders responding to this paper able to know the full extent and nature of the guidelines now and in the future?*** Examples of practices will be deleted and not appear in the developed guidelines – yet these are the ones we are being asked to comment on.

Some responders to this guideline who may be answering Questions 3, 4, 5, 6, 9, 10 and 11 can bring forward other issues, items, practices and allegations that become part of the guideline and yet remain untested in any public consultation process.

The final paragraph of this quote suggests that the Board is free in the future to decide which practices are or are not included in this guidelines without any further consultation with stakeholders.

Some obvious questions arise from this:

- Who will decide what gets updated, added or deleted?
- Based on what criteria?
- When does something that is on the complementary, unconventional and emerging practices list become conventional?

**5. Misleading statements in public domain by representatives of MBA**

It seems unfathomable that there was no media briefing document given to the Chair of the MBA to assist her make appropriate on those dates and correctly supported statements as to the extent and nature of the problems that were background to this draft guideline. Was there no media briefing document at the beginning or during the entire process? That there no summary briefing document that was in the hands of the Board members in regard to the size and extent of the problem so that they could appropriately make representations - is also hard to believe? Especially when yo consider the Board has briefed a media consultant.

It is even further questionable when on the weekend of the 29th of June the Chair of the MBA is interviewed by Channel 7 who represent that the Board acted after receiving 10,000 complaints. Where did those figures come from?

The FOI process has ensured the secrecy and lack of transparency into the public understanding of the reasons for this guideline. Public statements are made without substantiation and the sole intention of misleading the public as to the size and extent of the problem.

**FOI Request: FOI 22665:** The reasons given for refusing this request for supporting documentation of statements made by the Chair of MBA in the public domain was detailed in its regard to practical reasons for refusal. If it required 80 hours of clerical work to provide the information then no executive summary can have ever existed.

> My questions 2 & 3 as part of a larger submission:
>
> 2. In an article published on the ABC news on the 6th of April 2019, Anne Tonkin is quoted by Elicia Kennedy as saying "State and territory boards, who actually receive the various notifications of concern, have been telling us there are a number of cases where harm has been done to members of the public from the practise of complementary and alternative and all those other emerging therapies,". Please provide electronic copies of all briefing documents, background briefings notes

and presentations and data series to or from all State and Territory Medical Boards in regard to her statement.

3. In early April 2019 Anne Tonkin spoke to Radio National (Wendy Harmer) in regard to the development of the draft guidelines. Ms Tonkin stated in general terms that 'they (the Medical Board) had received concerns from practitioners and patients where there was reporting of actual harm being done.' Please provide copies of complaints and concerns that had been raised to the MBA or State Medical Boards that support this statement.

**Response:** Items 2 and 3 of your request – Practical refusal reason:

If AHPRA is satisfied that a 'practical refusal reason' exists in relation to an FOI request, then after undertaking a request consultation process it may refuse to give access in response to the request.

One practical refusal reason is that the work involved in processing your request in its current form would substantially and unreasonably divert the resources of AHPRA from its other operations: see s 24AA(1)(a)(i) of the FOI Act. Substantial diversion of resources;

Following initial enquiries, ***I estimate that approximately 80 hours of processing time would be required to process items 2 and 3 of your request.***

- ***We have identified a minimum of 300 documents falling within the description of the document types as stated above, most of which would have to be reviewed to determine their relevance to the scope of your request.***
- ***We also anticipate that a significant number of additional documents would reside in the archive emails of various AHPRA staff. Processing your request as it is currently framed would require these AHPRA staff to review their email correspondences over the 5-year period (2014 – 2018) to retrieve any email correspondences that would fall within the scope of your request.***
- ***I estimate up to 50 hours will be required for the retrieval and collation of these documents in order to process your request.***
- ***In addition, the nature of the documents will require various AHPRA staff to assess the documents associated with the request before a decision is made. I estimate that up to an additional 30 hours will be required for AHPRA staff to assess each document associated with the request before a decision is made.***

**6. Draft Guidelines: positively encourages misleading and deceptive conduct by conventional doctors.**

**Section 18 of Australian Consumer Law:** A person must not, in trade or commerce, engage in conduct that is misleading or deceptive of likely to mislead or deceive.

**Section 29 of the ACL:** prohibits a person, in trade or commerce, in connection with the supply or possible supply of goods or services, from making various false or misleading statements:

a. about the standard, quality, value, grade, composition or style of the goods or services;
b. that goods are new;
c. that someone has agreed to purchase the goods or services or providing a false testimonial in relation to them;

The draft guidelines in Section 1: **Discussion with Patients** at 1.3 & 1.4 incorrectly advises medical practioners to engage in misleading and deceptive conduct.

> 1.3 Advising your patients of the limits of your knowledge when discussing the benefits and risk Of complementary and unconventional medicine and emerging treatments with them. ***It is not expected that medical practitioners who do not practise in these areas would have knowledge of all these areas of practice***.
>
> 1.4. ***Informing your patients, where relevant, that there is limited reputable scientific evidence for the use of some complementary and unconventional medicine and emerging treatments. There may also be limited information about the safety, side effects and possible drug interactions.***

These statements if made by medical practitioners who do not have the relevant training or information to be able to have an informed discussion would be in breach of misleading and deceptive conduct requirements under the ACL. If they have limited knowledge they are required by ACL to make that simple statement. They are not qualified to give an opinion.

This is especially true when you consider the imbalance of power of the patient to the doctor in this relationship when it comes to a presumption of medical knowledge.

This statement is fundamentally floored, non-specific and potentially mis-leading. The most ethical response would be to state that they do not know the level of evidence, or the potential benefits or risks and that they advise their patient to seek an opinion from someone with specific knowledge of this area.

**Number to Treat Data – relevant material for all patients when making a decision on a treatment plan.**

Why is the Board not requiring all practioners including a conventional medical practitioner to disclose' Number to Treat' data when prescribing pharmaceutical medications.

The lack of disclosure on this issue is an example of the 'sanctioned' misleading and deceptive conduct n behalf of a preferred class of practitioners.

Some data from Dr. H. Gilbert Welch, a professor of medicine at the Dartmouth Institute for Health Policy & Clinical Practice.

> "Statins, which have become synonymous with "heart-attack-and-stroke-preventing," have an NNT of 60 for heart attack and 268 for stroke: That's how many healthy people have to take statins for five years for those respective outcomes to be prevented.

In people with heart disease already, the number is smaller: Just 39 must take statins for five years for one non-fatal heart attack to be prevented, while 83 have to do so for one life to be saved.

If 125 people with high blood pressure take drugs for five years to lower it, the meds will prevent a fatal stroke or heart attack in only one.

The NNT for aspirin to prevent cardiovascular calamities is even higher. A whopping 1,667 healthy people need to take aspirin every day for a year to prevent one stroke or heart attack.

But only 77 people who previously had a heart attack or stroke need to do so for one heart attack to be prevented; it's 200 for one stroke to be prevented.

For instance, the NNT for preventing hip fractures with the bone-strengthening drugs called bisphosphonates is 100 in post-menopausal women with previous broken bones, but essentially infinite in those without previous fractures

The statin and aspirin examples underline that the NNT is different in different populations, said Dr. H. Gilbert Welch, a professor of medicine at the Dartmouth Institute for Health Policy & Clinical Practice. "People at higher risk of an adverse outcome tend to benefit more [from an intervention], so the NNT is always lower" than in lower-risk people. "

**Appendix**

The discussions papers language demonstrates that these concerns are based on the weakest form of evidence that is epidemiological.

**Extracts of published commentary that support point 1. Absence of data that identifies the necessity of such a guideline – no data on the size, extent and relative risk of the problem**

A) AHPRA in its 14/15 Annual Report stated:

**Embedding a risk-based approach**

We want to help increase the use of data and research to inform policy and regulatory decision-making to enable safe workforce reform and reduce harm to the public.

A risk-based regulation unit was formally established in 2014 to provide deeper, evidence-based and analytically driven advice to the National Boards, to inform proportionate, risk-based decisions.

The unit's team members have a range of qualifications and experience in public health administration and legal practice, mathematics, computer science, statistics, epidemiology and project delivery resulting in research and survey publications.

This year the focus has been on establishing the foundations for the program, and developing methodologies for analysing notification data to detect and predict risk factors. ***Early analyses have confirmed previous research findings that point to increased risk of future notifications for practitioners who have previously been subject to a notification, and higher notification rates for male practitioners and practitioners aged over 55.***

Closer looks at the regulatory data of specific National Boards have highlighted patterns of potential risk requiring further investigation, and have led to the development of an analytical work program that will inform specific regulatory interventions to reduce risk to the public.

The unit also works with a range of external researchers and academic partners. ***This year AHPRA and the University of Melbourne were awarded a National Health and Medical Research Council (NHMRC) Partnership Grant to undertake a major collaborative project exploring factors that may help to predict the risk of notification. This three-year project will use de-identified data from the National Scheme to highlight opportunities to focus risk-reduction efforts on the most important hot-spots.***

*In the guidelines document on p3 of the Discussion Paper states 'the Board agreed to look at this area of practice to determine the concerns issues define the size and nature of the issues and scope potential options for addressing these concerns*

**Project/Initiative 9 between AHPRA and the Medical Board Health Professions Agreement 2015/16**

**Activity:**
Options to manage concerns about medical practitioners who practice alternative or complementary medicine

**Background**
Concerns have been raised from delegated decision-makers that the current code of conduct does not provide enough guidance in relation to the practice of alternative and complementary medicines by medical practitioners. There are

reports of inappropriate tests being ordered, inappropriate prescribing and insufficient information being provided to patients

**Works**
Undertake research to determine whether there is a problem and define the size and nature of the problem Depending on the size and nature of the problem, scope potential options for managing the problem
p. 18/25

***Representations made in the draft guideline that do not substantiate the business case for a new guideline.***

The information available to the Board indicates that:

- The medicines and therapies **MAY** be used as alternatives to conventional medicine or used in conjunction with conventional medicine.
- They **MAY** be used with or without the knowledge of a patient's other treating practitioners.
- The available information indicates that patients are being offered treatments for which the safety and efficacy are not known. *(Type of information not identified)*
- They **MAY** be having treatments which **MAY** be unnecessary or **MAY** result in delayed access to more effective treatment options. *(conjecture and hypothesis – no know clinical studies that demonstrate this in the entire developed world)*
- Unnecessary treatments **MAY** expose patients to adverse side effects *(unspecified)*
- Harm **MAY** occur directly from the treatment resulting in an adverse outcome or it **MAY** be indirect, associated with delays in accessing other treatment or from the promises of 'false hope'. *(consideration should be given to the false hope of NNT withheld on pharmaceuticals)*
- While there **MAY** be benefits - treatment and therapies **MAY** also have no effect, the benefit MAY be uncertain, or the effect **MAY** potentially be harmful. The harm can be physical, psychological and/or financial.
- These treatments are provided by a variety of medical practitioners with varying qualifications and expertise in the therapy and/or the patient's underlying condition. *(this applies to conventional medicine also)*
- There are reports (*where?*) of medical practitioners who are not specialists, providing treatments for complex conditions without necessarily having the specialist level knowledge of the disease and its progression.
- The lines between research and commercial advancement can be blurred and conflicts of interest can arise if the provider has a financial interest in the product or service being offered. Some treatments are being offered on a commercial basis before the usual clinical trials have been completed. Patients don't have the usual protections where clinical trials have not been undertaken. *Vaginal Mesh – approval by TGA incorrect and surgeons exploited the error – 20 years before corrections.*
- Patients may also be offered treatments, tests or products which are available only through the practitioners offering them, or through other entities with which the practitioners have commercial associations, which may not be disclosed to the patients. *Clear conflict of interest – same for conventional Drs. and is already covered in the Good Medical Practice Guideline.*
- Many of these treatments are funded privately, can be expensive, and **MAY** have uncertain results.
- Patients **MAY** seek complementary and unconventional medicine or emerging treatments because of serious and/or chronic conditions and **MAY** be vulnerable to exploitation, including financial exploitation.
- Consumers who see direct-to-consumer marketing of 'therapies for health and wellness' **MAY** not realise that these are medical interventions with associated risks.

**From:** [redacted]
**Sent:** Wednesday, 19 June 2019 5:24 PM
**To:** [redacted] medboardconsultation; [redacted]
**Cc:** [redacted]
**Subject:** Your Choice in HealthCare

To whom it may concern,

I have concerns regarding the Medical Board of Australia (MBA) commencing public consultation on new guidelines for 'complementary and unconventional medicine and emerging treatments'.

Some of my concerns include:

- The grouping of integrative medicine with 'unconventional medicine' and 'emerging treatments' may create the impression of being "fringe" rather than evidence-based
- That many of the terms used in the rationale such as 'unconventional medicine', 'inappropriate use' and 'emerging treatments' leads to ambiguity and uncertainty
- That the term 'complementary medicine' also includes access to traditional medicines
- No evidence produced in the discussion paper quantifies risk in practicing complementary or integrative medicine vs 'conventional' medicine
- That there was NO consultation with the Integrative Medicine or complementary medicine community before the document's release
- That the current Good Medical Practice: A Code of Conduct for Doctors in Australia already adequately regulates doctors' practise and protects patient safety. There is no need or justification for a two-tiered approach
- That the right of patients to determine their own medical care is under threat
- That the lack of clarity on how to determine what is 'conventional' versus 'unconventional' can be misused by people with professional differences of opinion which results in troublesome complaints.

I would appreciate any assistance and voice you can give to this matter.

Kind regards
James G

**From:** Ameeta
**To:** medboardconsultation
**Subject:** Medical Board Submission
**Date:** Sunday, 30 June 2019 5:28:09 PM

PUBLIC CONSULTATION ON CLEARER REGULATION OF MEDICAL PRACTITIONERS WHO PROVIDE COMPLEMENTARY AND UNCONVENTIONAL MEDICINE AND EMERGING TREATMENTS.

I am in support for OPTION 1 of the regulation - that all doctors should follow one code of conduct and one set of guidelines for all Good Medical Practice.

I work as a GP combining conventional medicine with other evidence-based modalities including lifestyle , nutritional and environmental medicine. I have found that utilising knowledge and information from a variety of different modalities has helped my patients enormously and feel that this is the key to the chronic disease burden we are seeing today in the developed world. A great deal of patient feedback has been received over the years, people who have seen improvements in their conditions and often reversal of their disease. I would also like to express that working as an "integrative doctor" has meant a substantial amount of self-funded postgraduate study, well above and beyond basic GP CPD requirements and hence feel that myself together with other similar practitioners are more highly qualified than the average GP. Integrative medicine doctors combine quality conventional medicine with safe and effective complementary medicine to improve health and reduce unnecessary medical treatments. They embrace prevention as a first principle of healthcare, help manage complex illness and care for patients for whom conventional medicine has not assisted.

Nutritional and Environmental Medicine (NEM) and Lifestyle Medicine (LM) are progressively becoming conventional medicine, increasingly difficult to delineate as more evidence and research is being done.

These fields arise from strong scientific evidence. Nutrition and lifestyle medicine are accepted as mainstream. Over 70% of all primary health care visits in developed countries are for lifestyle-based (and therefore preventable) diseases. As such, many more doctors and patients are, by necessity, turning to this field of largely non-pharmaceutical practice, addressing nutrition and the environmental factors contributing to chronic disease.

For example, recently reported studies in the Mayo Clinic proceedings demonstrate that exercise is more effective than medication for reducing blood pressure and visceral fat. However, systematic exercise and nutrient prescriptions does not usually occur in short consultations, which make up the majority of 'conventional' practice.

Many evidence-based natural interventions have also been shown to be effective for improving chronic disease like diabetes, heart disease and hypertension. These include a nutrient-dense, whole-foods diet, physical exercise, stress management, adequate sleep, exposure to nature/Sun and also evidence-based nutritional and herbal supplements.

Therefore it is incorrect to suggest that nutritional and integrative medicine fall into a poorly defined group of '*complementary and unconventional medicine and emerging*

*treatments'* as per the MBA discussion paper.

The realms of conventional medicine has its own merits but also limitations-

250,000 hospital admissions annually are a result of medication-related problems with annual cost $1.4billion

400,000 additional presentations to emergency departments are likely to be due to medication-related problems - 50% of this harm is preventable

The TGA has not confirmed a single death in Australia that directly resulted from using complementary medicine.

In response to the proposal, I believe the following points are note worthy.

- Grouping integrative medicine with 'unconventional medicine' and 'emerging treatments', implies that IM is 'fringe', rather than based in evidence and a valid and vital adjunct within our medical practice
- That many of the terms used, including 'unconventional medicine', 'inappropriate use' and 'emerging treatments' are not adequately defined which creates ambiguity and uncertainty
- That the term 'complementary medicine' also includes access to traditional medicines which is defined as a basic human right in Australia and by the WHO
- There is no evidence produced in the discussion paper that quantifies risk or relative risk in practicing complementary or integrative medicine vs 'conventional' medicine
- There was NO consultation with the IM community (e.g ACNEM, AIMA) before the document came out, giving us limited opportunity to inform the process
- That the current *Good Medical Practice: A Code of Conduct for Doctors in Australia* already adequately regulates doctors' practise and protects patient safety, there is no need or justification for a 2 tiered approach
- The right of patients to determine their own medical care is under threat
- The lack of clarity on how to determine what is 'conventional' vs. 'unconventional' can be mis-used by people with professional differences of opinion and result in vexatious complaints

The future model of health needs to prevent disease and optimise health by encouraging people with lifestyle tools. This supports their optimal level of health, physical and mental, for each individual. The keys to achieving optimal health include the use of nutrition, regular physical exercise, adequate sleep, the avoidance of environmental pollutants, and the practice of positive outlook through simple techniques such as mindfulness and other stress management techniques. This can also be optimised with tailored evidence based nutritional and herbal supplements. This concept of optimising health for everyone is foreign to the acute disease based healthcare system and is glaringly absent from medical school curricula and training.

An integrative approach is required in today's world to address the increasing burden of chronic disease- the old model of giving a medication for a symptom and one problem-one appointment system that has been the realm of high stress general practice is no longer effective practice.

In conclusion, I am in support for OPTION 1 of the regulation - that all doctors should follow one code of conduct and one set of guidelines for all Good Medical Practice.

Thank you

Dr Ameeta Gajjar

BSc(Hons) MB BS (London) FRACGP FACNEM FASLM

Board Certified Lifestyle Medicine Physician

**From:** Lyn Gamwell [redacted]
**Sent:** Monday, 17 June 2019 1:30 PM
**To:** medboardconsultation
**Subject:** 'Consultation on complementary and unconventional medicine and emerging treatments'

Dear Members of the Medical Board of Australia

I believe extensions for aubmissions have been extended to 30th of June. I am pleased to hear that, having only recently heard about this consultation. I am not sure how widely this consultation was publicised. That means many members of the public (the patients) will not be aware of it. But I firmly believe that the patients' views should be one of, if not **the** primary consideration here.

I will answer the 8 points, where appropriate, **as a patient.**

1. I believe a better term than 'complementary and **unconventional medicine** and emerging treatments' would be ' complementary and **uncommon medicine** and emerging treatments'. Reason: useage of the word **unconventional** these days encompasses an implication of 'not good'. Replacement with the word **uncommon** would remove this implication whilst maintaining the 'not the most usual treatment' meaning.

2. A medically trained person would have a more exact view regarding this point.

3. I do not wish to answer this as I don't know **who has identified the issues** mentioned. I think that's an important point. There is great potential for unfair bias here.

4. Again, **what or who is the source** of identification of such practices? Once again, there is great potential for unfair bias and a 'one eyed' viewpoint here

5. As a patient, I believe that adequate safeguards are **already in place**. **I strongly support the retention of the Board's existing guidelines (also see my general statement below)**

6. How about some further consultation **of patients**? I would most especially focus on patients who have consulted functional medicine practitioners/integrative medical practitioners

7. The *Good Medical Practice* guidelines are sufficient in my view

8. I believe Option 2 to be a great over reach. In my view, it will homogenise medical practice in a non-productive way, stifling innovative and uncommon treatments and hindering the potential for good - and sometimes great - outcomes

**General Overall Comment**

I have benefitted over the years from Doctors who have, with due caution and the utmost care, prescribed treatments that may be considered in the off-label, emerging treatment or complementary category. In each case these approaches have worked well and have resulted in good outcomes with almost no downside.

As a patient, I want my Doctor(s) to be able to choose treatments for me that are leading edge, innovative and/or off-label when they have the goal of keeping me (or getting me) well and when they have the potential to have a better outcome than some conventional approaches or have fewer major side effects. As such, I strongly support the retention of the Board's existing guidelines which I believe to already be very strict, but at least open enough to allow for some cautious and careful innovation.

Please do not put public health in this country into an increasingly small and fear-driven box. I will support all endeavours to ensure that this does not happen.

Lyn Gamwell

Lyn Gamwell
P: [redacted]
E: [redacted]

**From:** Melinda Gane [redacted]
**Sent:** Wednesday, 10 April 2019 10:05 AM
**To:** medboardconsultation
**Subject:** RE: Public Consultation on Complimentary Medicine and Emerging Treatments

To Whom it May Concern,

Please consider this letter a formal submission in response to the Medical Board of Australia's proposal to strengthen the guidelines surrounding medical practitioners who provide complementary and unconventional medicine. I am highly concerned at these proposed changes and do not agree with them for reasons which I will attempt to outline below.

Specifically, it is alarming that once again Lyme Disease (or Lyme-Like and associated tick borne illnesses) has been called out as an area of concern. It is disappointing to see that Australia is so far behind the latest peer reviewed research in this area, and even more shocking that the Medical Board intend on creating a set of guidelines which will more than likely restrict our highly capable doctors from practising good health care, which is not entirely based on outdated options that come from large pharmaceutical and insurance companies.

Imposing an increase in restrictions through changes to the guidelines will almost certainly stifle innovation and advancement of medical treatment options available in this country, and not just pertaining to Lyme Disease, but to other chronic and disabling illnesses. Australia's medical system will slip even further down the rankings than it already is. Perhaps we should look to progressive countries such as Switzerland who are doing the complete opposite and are encouraging the use of complementary medicines?

I have family and friends who use Complementary, Unconventional and Emerging Medicine and I highly value its availability and I am very happy with its practice. Treating doctors already provide discussion about options for treatment and their relative merits and potential problems. I value free choice in making decisions regarding my own personal medical treatment.

The suggestion of strengthened guidelines is far too controlled, an attack on my human right to seek any treatment I choose to use with my chosen health professional. Whether you agree or not with the diagnoses, the treatment plans, it is not the Medical Board's decision to hold my future at jeopardy because of its own antiquated ideology.

As such, my preferred choice of the proposed outcomes is to retain the status quo, otherwise fellow sufferers will only have the option of travelling overseas, where they are at even greater risk of complications. Australia is not a third world country, and my expectation is that we as Australians should be able to attain the treatment of our choice, here at home.

Your sincerely,
Melinda Gane
10th April 2019

**From:** Geoff Gardener <campaigns@good.do>
**Sent:** Friday, 17 May 2019 1:11 PM
**To:** medboardconsultation
**Subject:** I oppose your changes or additions to the existing Code of Conduct 2014

Dear Sir / Madam,

I believe the proposals contained within your current Consultation Paper, to limit my health care options by way of redefinition and restriction of complementary and alternative health practices is a violation of my fundamental rights as an Australians to have the 'highest attainable standard of health'. This right is recognized by the World Health Organisation Constitution (1946).

I also believe your proposals violate my right of self determination and protection of the rights to freedom of thought, conscience and to freedom of opinion and expression. (Articles 18 and 19 of the International Covenant on Economic and Social Rights & Cov on Civil and Political Rights (Ratified by Aust in 1995)

I hereby exercise my right under the Aust Charter of Healthcare (2007-8) to be included in decisions about my healthcare.

I have had several positive experiences and outcomes from complementary and alternative health practitioners and I wish to continue to have a choice over my treatment.

Yours sincerely,
Geoff Gardener
[redacted]

_____

**From:** Tracey Gartner [redacted]
**Sent:** Thursday, 4 April 2019 12:15 PM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments

To the Executive Officer

## I wish for option A in the proposal

I am writing to voice my concerns over the attack on complementary medicine with the new proposal.

I believe that it is wrong for the Medical Board to group complementary medicine with unconventional medicine and emerging treatments. Complementary medicine is safe and has nothing in common with these treatments.

The Therapeutic Goods Administration has never been able to confirm a single death in Australia that directly resulted from using complementary medicine.

By contrast, it is estimated that there are around 650,000 hospital presentations/admissions every year due to medication-related problems.

The proposed new regulation is simply unnecessary and I repeat I wish for option A to be maintained which is to 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.

Regards,

Tracey Gartner

**From:** [redacted]
**Sent:** Friday, 15 March 2019 7:41 AM
**To:** medboardconsultation
**Cc:** [redacted]
**Subject:** Limitations to Integrative Medicine

To whom it may concern,

I am emailing to express my concern that you are looking to limit and control what Integrative Doctors can prescribe and, by doing this, are therefore looking to control and monitor their practice.

As someone who regularly sees an Integrative Doctor, with great success and improvements to my illnesses and those of my family members, I feel that this is a abhorrent limitation on my rights to seek appropriate medical attention.

To put these limitations in place is to not only deny my individual rights, but will also deny thousands of other patients their rights to appropriate treatment and also to those professionals who have worked very hard to gain their accreditations in their respected field.

Regards

Rosie Garzaniti

[redacted]

| | |
|---|---|
| **From:** | Ruth Gawler |
| **To:** | medboardconsultation |
| **Cc:** | [redacted] |
| **Subject:** | Integrative Medicine Practitioners |
| **Date:** | Monday, 29 April 2019 3:52:59 PM |
| **Attachments:** | [redacted] |

Hello AHPRA,
Thankyou for asking us, your members, about this matter of great public concern.
Quite frankly it's a ridiculous suggestion that these doctors are any more dangerous than the conventional ones causing many iatrogenic illnesses and death through conventional treatments. Just look at those stats first. One of the leading causes of death in hospitals has been shown to be treatment related.
The current push to make it difficult for medical practitioners engaged in Lifestyle Medicine and Integrative Medicine is both damaging to the public and very disrespectful of many of the Integrative Medicine doctors concerned.
We can only wonder what motivation there is behind this retrograde step.
The patients are mainly paying for these unconventional treatments because they are not getting adequate medical treatments from their conventional doctors.
Many of them have usually been through the conventional mill and found the results unsatisfactory. They are often trying their best to do things to help themselves be healthy and less of a tax on the whole medical system.
Why else would they pay so much to an Integrative GP?
As for most of the Integrative doctors concerned…. you'll find them on the whole to be very caring of their patients, if you actually speak with them instead of the vilification that is happening.
Many of them have post-grad qualifications and have done alot of extra (financially expensive) training for themselves, in order to better serve their patients and the community as a whole. They often know much more about chronic degenerative illnesses than many of their conventional colleagues who simply hand out prescriptions which go on indefinitely...
Surely we don't have to go back to the Dark Ages?
Nip this nonsense in the bud I say !
Yours sincerely,
Ruth

Dr Ruth Gawler MBBS MGP Psych MRACGP

[redacted]

**From:** Ruth Gawler
**To:** medboardconsultation
**Subject:** Public Consultation on Complementary and unconventional medicine and emerging treatments
**Date:** Wednesday, 29 May 2019 3:20:53 PM

Hello AHPRA,
Thankyou for asking us, your members, about this matter of great public concern. And for the process of public consultation.
Quite frankly it's a ridiculous suggestion that Integrative and Lifestyle Medicine doctors are any more dangerous than the conventional ones (who are causing many iatrogenic illnesses and death through conventional treatments).

Just kindly look at those stats first. One of the leading causes of death in hospitals has been shown to be treatment related. So danger is not so much the real issue here. ….. People travel overseas for many of these unconventional treatments anyway.
The current push to make it difficult for medical practitioners engaged in Lifestyle Medicine and Integrative Medicine is both damaging to the public and very disrespectful of many of the Integrative Medicine doctors concerned. We can only wonder what motivation there is behind this retrograde step. It looks like a turf war for a greater share of the pie to me.
The patients are often paying for these unconventional treatments because they are not getting adequate medical treatments from their conventional doctors. They are really driving the market here.
Many of them have usually been through the conventional mill and found the results unsatisfactory. They are often trying their best to do things to help themselves be healthy and to be less of a tax on the whole medical system. Why else would they pay so much to an Integrative GP?
As for most of the Integrative doctors concerned…. you'll find them on the whole to be very caring of their patients, if you actually speak with them you will find that they often put many hours of unpaid work into their passion for helping people get well.
Many of them have post-grad qualifications and have done alot of extra (financially expensive) training for themselves, in order to better serve their patients and the community as a whole. They often know much more about chronic degenerative illnesses than many of their conventional colleagues who simply hand out prescriptions which go on indefinitely...
The greater regulation of the practice of medicine will put many caring, creative individuals off practising medicine or furthering their training. All the CPD stuff required every triennium is enough for most of us.
Yours sincerely,
Ruth

Dr Ruth Gawler MBBS MGP Psych MRACGP

[redacted]

**From:** Caroline Ghatt [redacted]
**Sent:** Thursday, 27 June 2019 8:15 AM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments

To whom it may concern,

RE:
Consultation on complementary and unconventional medicine and emerging treatments

I choose Option 1... "new regulations are required for doctors practising in the areas of complementary medicine and integrative medicine."

I have chosen to see Integrative Medicine doctors because:

1. I want to be involved in my own and my family's care and this requires time in consultations an additional medical training that I found in my integrative medicine doctor.
2. Conventional medicine provided no answers about why my family member was unwell and I needed medical care with a wider range of diagnostic and treatment options.
3. I prefer non-drug approaches for managing my family's and my own health or illnesses. I want the choice.
4. I am happy with my GP for simple treatments within brief consultations, but I want to go further with prevention and a deeper understanding of what I can do for myself and my family. My integrative medicine doctor provides me the time and knowledge to do that.
5. I want more from my doctor. More time. More understanding of causes of illness. More power to understand the ways in which I can improve my health to reduce my need for drugs, surgery and medical appointments. My Integrative Medicine doctor provides these for me in a way that 10 minute consultations with doctors cannot.

I have concerns about the proposed regulations because:

1. There is no demonstrated need to regulate Complementary Medicine or Integrative Medicine. These are safe practices that need no further regulation.
The only concern of the Medical Board of Australia in this process is, and should be, safety. The Chair has said this publicly.

Questions
about how effective Complementary Medicine and Integrative Medicine is should be a decision left to me.

The Medical Board of Australia includes members of the Friends of Science in Medicine, a political lobby group opposing Complementary Medicine and Integrative Medicine. This is a clear conflict of interest.

The Medical Board of Australia should cancel the current consultation, and go back to the start with all current and past members of the Friends of Science in Medicine lobby group excluded from Board participation.

2. There has been no transparency in consultation process. Freedom of Information requests as to how these proposals originated have been denied or redacted. The Medical Board of Australia has acted in secrecy and a failure to disclose the details of why the new regulations.

Regards,
Caroline Ghatt

**From:** Simone Gibbs [redacted]
**Sent:** Thursday, 27 June 2019 9:34 AM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments

I choose Option 1: "no new regulations are required for doctors practising in the areas of complementary medicine and integrative medicine."

•I have chosen to see Integrative Medicine doctors because: •I want to be involved in my own and my family's care and this requires time in consultations an additional medical training that I found in my integrative medicine doctor.
•Conventional medicine provided no answers about why I was sick and I needed medical care with a wider range of diagnostic and treatment options.
•I have been harmed by conventional medical treatment, and needed to find other options.
•I prefer non-drug approaches for managing my family's and my own health or illnesses.
•I am happy with my GP for simple treatments within brief consultations, but I want to go further with prevention and a deeper understanding of what I can do for myself and my family. My integrative medicine doctor provides me the time and knowledge to do that.
•I want more from my doctor. More time. More understanding of causes of illness. More power to understand the ways in which I can improve my health to reduce my need for drugs, surgery and medical appointments. My Integrative Medicine doctor provides these for me in a way that 10 minute consultations with doctors cannot.

•I have concerns about the proposed regulations because: •There is no demonstrated need to regulate Complementary Medicine or Integrative Medicine. These are safe practices that need no further regulation.
•The only concern of the Medical Board of Australia in this process is, and should be, safety. The Chair has said this publicly. Questions about how effective Complementary Medicine and Integrative Medicine is should be a decision left to me.
•The Medical Board of Australia includes members of the Friends of Science in Medicine, a political lobby group opposing Complementary Medicine and Integrative Medicine. This is a clear conflict of interest. The Medical Board of Australia should cancel the current consultation, and go back to the start with all current and past members of the Friends of Science in Medicine lobby group excluded from Board participation.
•There has been no transparency in consultation process. Freedom of Information requests as to how these proposals originated have been denied or redacted. The Medical Board of Australia has acted in secrecy and a failure to disclose the details of why the new regulations.

Simone Gibbs | [redacted]

**From:** Fiona Gibson [redacted]
**Sent:** Thursday, 4 April 2019 12:24 PM
**To:** medboardconsultation
**Subject:** Response to Consultation on Complementary and Unconventional Medicine and Emerging Treatments

**Importance:** High

# To Whom it May Concern

I have read the Public Consultation Paper dated February 2019 regarding clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments.

As a user of many types of complementary and "unconventional" medicine under the care of both my registered General Practitioner and other therapists I am extremely concerned about the potential impact the Medical Board of Australia is proposing regarding Option 2 of this paper.

Self-serving interests and protectionist regulations have no place in modern Australian society.

I strongly support Option 1 to "Retain the Status Quo".

Yours faithfully

Fiona Gibson

**From:** Carmel Givens [redacted]
**Sent:** Thursday, 7 March 2019 8:38 AM
**To:** medboardconsultation
**Subject:** Medical Board Submission

Regarding the public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments

As an Australian citizen/resident I feel it's important that I have the freedom of choice in the type of medical care that I use to address my chronic health issues.
I have been suffering from:

Conventional medical doctors have not been able to successfully treat my condition(s) and bring me to a satisfactory level of health.
Pharmaceuticals and the use of conventional methods simply did not work (and in some instances also delivered unwanted side-effects in my case) and, seemed to waste Medicare funds and resources.
It was only when I saw an integrative medical doctor who included lifestyle change, diet and supplements of vitamins and minerals to address my problems that my condition began to improve.
If I cannot see an integrative doctor, or the Doctor is restricted in what he or she is able to prescribe for me, I feel that my health will deteriorate and have a continuing impact on my family, my work, and my wellbeing.
Additional notes:

Concerned,

Name: Carmel Givens

Signature:

[redacted]

Date: ____07___/___03____/___2019_____

Occupation: ___Homemaker_____(optional)

**From:** Genovieve Glier [redacted]
**Sent:** Sunday, 30 June 2019 7:16 PM
**To:** medboardconsultation
**Subject:** CONSULTATION ON COMPLEMENTARY AND UNCONVENTIONAL MEDICINE AND EMERGING TREATMEMTS

To The Executive Officer, Medical, AHPRA,
I wish to express that I absolutely do NOT agree having separate guidelines for Integrative Medicine Doctor's to Conventional Doctors.
And who are also, treating electromagnetic hypersensitivity Syndrome people and appearing in court seeking compensation for their patients...
I know of many examples personally, were it has been shown were Integrative Medicine saves lives when Conventional Medicine has failed..
Conventional Doctors are not trained in Nutrition, lifestyle and prevention.
We should have freedom to choose your own doctor.
The guidelines should be the same for Integrative Medicine Doctors and Conventional Doctors...Its all about duty of Care !!!

Yours Sincerely

Genovieve Glier
[redacted]

**From:** Joanne Goldman [redacted]
**Sent:** Wednesday, 27 February 2019 12:26 PM
**To:** medboardconsultation
**Subject:** Integrative medicine

To whom this may concern.

I am emailing to express my concerns that you are considering looking at limiting and controlling what Integrative Doctors can prescribe and , by doing this, therefore looking to control and monitor their practice. As someone who regularly sees an Integrative doctor, with great success and improvements to my illness, having seen no success from my regular GP, I feel that this is a limitation on my rights to seek the appropriate medical attention. To put these limitations in place is to not only deny my individual rights, but will also deny thousands of other patients their rights to appropriate treatment and also to those professioanls who have worked very hard to gain their accreditations in their respected field.

Many thanks for considering my point of view

joanne goldman
[redacted]

**From:** Ian Gonzaga [redacted]
**Sent:** Tuesday, 25 June 2019 11:34 AM
**To:** medboardconsultation
**Subject:** Public consultation on complementary and unconventional medicine and emerging treatments

To the Executive Officer - MBA,

I'm writing in support of option 1 - 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.

I believe supporting various options for patients and practitioners should be key in providing freedom of choice especially in situations where a short GP appointment is failing to help.

I am connected to one of the major companies that support integrative practice and the amount of interest (from both practitioners and patients) on supporting with safe, well researched and effective treatments is astounding. People are increasingly seeking support as they are finding that traditional GP appointments just isn't applicable to their health picture where more time is required. This time is spent considering the whole health picture, not just one aspect, where safety is considered alongside that patient's entire health history.

I support rejecting a separate set of guidelines for integrative doctors as this opens up options for patients in a convenient and safe environment. People are often time poor and if the integrative option is available, without having to visit another practitioner, and the practitioner is fully qualified then the issue of safety, whether speaking of integrative treatment protocols or use of listed medicines, is not an issue. How many pharmaceutical drugs have caused harm and are submitted to the TGA versus listed medicines causing harm?

I see that transparency is also an issue due to the fact this consultation paper seemed to have stemmed out of the blue without a proper consultation of appropriate stakeholders. It seems as though the process has not been followed in the proper manner.

I appreciate the chance to have a voice on this issue and please consider the option for new new regulations for doctors practicing in CAM and integrative medicines.

Thank you,

Ian Gonzaga

**Dr Nick Goodman**
MB BS; DCH; FFHom
[redacted]
[redacted]

14/ 5 /19

**Submission to the Medical Board on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments**

Your 'Issues and concerns about this area of practice' notes that the use of complementary and unconventional medicine and emerging treatments (CUMET) is increasing, but fails to consider whether the Board's concerns are in fact outweighed by benefits flowing to the community from the use of these disciplines. Probably this accounts for the increasing usage, rather than because of a failure of the current regulatory code - Good Medical Practice (GMP). In relation to complaints from the public pertaining to practitioners of the various sectors of CUMET, are they out of proportion (considering the relative frequency of use) to the complaints relating to conventional practice? Have the complaints been upheld because the advice / actions of the doctors involved were morally reprehensible, or only, because they were unconventional? Did the same treatments help other patients? These questions are not answered by the public consultation paper, and pertain to the question of whether some further regulation is required.

Your concerns include reference to 'Relevant Tribunal Decisions', the majority of which were with regard to the prescription of steroid hormones, and antibiotics for Lyme Like illness. Your proposed response is going to affect a much larger group of practitioners, by combining in one basket all the less and unconventional practices, regardless of the lack of presenting problems about many of them, and the volume of patients supporting them.

Your 'Issues and concerns……' also suggests an essential misunderstanding about the practice of medicine. The process of conventional medicine's development is intended to reduce risk and improve outcomes, but does not guarantee success with an intervention, nor guarantee avoidance of harm. Each intervention with any one patient remains an experiment as to whether that patient falls into the group that will respond positively or negatively or both. In this context why are the CUMET practitioners so different, that a separate code of conduct is required? Why target only one cohort of sub-groups with more detailed rules? If nonetheless it is thought appropriate, why not also create separate codes for oncologists and radiologists, immunologists, infectious diseases physicians, surgeons etc, as each group has particular risks associated with their practice that patients could be informed of?

If it is decided that more specific codes are required, why not add them into GMP, which applies to all registered practitioners? Why has this consultation paper not

included the option of extending GMP to include more detailed rules, where such detail is considered necessary? My guess is that it is easier to 'divide and conquer' than convince the whole profession that a few more detailed rules should apply to all; administrative expediency rather than an honest attempt to be fair and informative.

There is an error on Page 1 of the Draft guidelines where it is asserted that the guidelines would 'apply to all medical practitioners'. It appears that they would not apply to practitioners who did not have patients using CUMET, and they would apply differently depending on whether or not the practitioner provides the CUMET.

Much of the content of this draft document is adequately covered by the GMP. However, there are additional (or more severe versions of) codes, which are inappropriate in view of the consultation paper's suggestion on Page 18 (numbered Rt lower corner) that this proposal would not: reduce consumer choice; restrict medical practitioners' practice; result in significant cost increases; restrict existing, accepted CUMET practice; nor stifle innovation & clinical research. As the Board intends to use these guidelines to regulate the profession, all of these outcomes are to be expected (if this draft were to be adopted), despite the Board's confidence that they would be avoided.
I will examine the sections of the draft document from these perspectives, and add other considerations as required:

**Discussion with Patients:**

1.1 & 1.2 covered by GMP 1.4, 2.2.1, 3.3.2, 3.7.3
1.3 covered by GMP 1.4, 2.2.1, 2.2.8, 2.2.9, 3.2.1
1.4 covered by GMP 3.2.5
1.5 covered by GMP 3.5.3
1.6 covered by GMP 2.2.11, 3.3.1

**Knowledge and skills:**

2.1 covered by GMP 2.2.1, 2.2.2
2.2 covered by GMP 2.2.1, 2.2.2
Only offering treatment if you have the appropriate training expertise and experience in both the treatment and the condition being treated. This isn't a guideline if 'appropriate' isn't more clearly defined. Does it include:
consideration of the treatments previously used unsuccessfully by the patient?
conviction of the patient that he/she wants to use the treatment?
lack of availability of another practitioner with greater expertise in use of the treatment?
treating a condition for the first time after educating oneself about it?
Is a 'condition' only to be considered from a conventional medical diagnostic perspective, or also from other diagnostic perspectives? And is a GP expected to be a multispecialist, having expertise in every condition of every patient being managed? Medicare will be spending up on the extra specialist consultations that requirement would induce.

2.3 covered by GMP 2.1.4, 2.2.8 & 2.2.9

2.4 covered by GMP 2.2.1 & 2.2.2

**Conflicts of interest:**

3.1 covered by GMP 1.4, 3.2.1, 8.11

3.2 covered by GMP 8.11. However, in this draft it is expressed in an unrealistic manner. Every health professional that is paid on the basis of 'fee for service' has a financial conflict of interest, eg many medical practices don't release investigation results without a consultation. Conflicts of interest are a fact of life, GMP addresses how a practitioner deals with these daily conflicts, rather than requiring avoidance of exposure, which would eg call for cessation of fee for service practice, as has been drafted here.

**Informed consent:**

4.1 covered by GMP 3.3.3-3.3.9, 3.5.1 & 3.5.2

4.2.1 covered by GMP 3.5.2, but this could be expanded to refer to this content specifically.

4.2.2 Why is this not equally relevant to all medical investigations? If it is necessary to detail these requirements they should be placed into the GMP, although this may significantly increase the length of consultations recommending multiple tests.

4.2.3 & 4.2.4 covered by GMP 3.5.1 & 3.5.2 Why should this detailed wording apply only to CUMET? If it is necessary in this detail it should be added to the GMP.

4.2.5 covered by GMP 3.5.3 & 3.5.4

4.2.6 covered by GMP 3.5.1 & 3.5.2. This detail would be appropriate to obtaining consent for conventional interventions, and should be added to the GMP if thought necessary. Of course this could add considerable time (and fees) to consultations.

4.3 & 4.4 covered by GMP 1.4 & 3.2.1.

4.5 covered by GMP 2.2.8. Why should it be an obligation on CUMET practitioners to inform patients of their right to seek a second opinion, rather than the normal obligation on all practitioners to support a request from the patient to seek a second opinion? This should be left as in the GMP.

**Assessment and diagnosis:**

5.1–5.5 are not well covered by the GMP, where 2.1.1, 2.1.2, 2.2.1, 2.2.2 and 3.2.2 have relevance. However, the details covered by 5.1-5.5 are equally applicable to conventional medical practice. If it is necessary to detail these requirements they should be placed in the current GMP, because there is no rational basis to reserve them for a minority of practitioners.

**Treatment:**

The concerns expressed here about CUMET apply (in reverse) to those practising conventional medicine. Every day patients are benefitting from CUMET after periods of delay and inadequate assistance from conventional medicine. This is one of the reasons why the use of CUMET is increasing. A common scenario is that a number of conventional tests fail to demonstrate an abnormality that can account for the patient's symptoms, and reassurance is the only treatment provided. I have also seen a number of patients who refuse to return to a

'conventional' doctor because of disparaging or discouraging remarks made about complementary medicine.

6.1 covered by GMP 2.2.8–2.2.12, 3.2.1-3.2.6, 3.3.1–3.3.7, 4.2. If nonetheless thought necessary this should be added to the GMP with the exclusion of the word 'conventional', because its applicability is not limited to CUMET.

6.2 covered by GMP 1.4, 2.2.4, 2.2.6, 2.2.7, 3.3.3, 3.3.4, 5.2.1 If nonetheless thought necessary this should be added to the GMP as its applicability is not limited to CUMET.

6.3 is not directly addressed by the GMP, and as it is applicable to all practitioners it could be added there if thought necessary.

**Patient management:**

These issues are equally applicable to the practice of conventional medicine.

7.1 partly covered by GMP 8.4.1, which could be expanded to include missing issues if considered necessary. It is not clear whether it is intended that efficacy, side-effects and known interaction risks should be documented when the treatment is discussed, introduced, or only if these issues arise. And why would this be more necessary for CUMET practitioners than for conventional practitioners?

7.2 partly covered by GMP 2.2.6, 2.2.7, 2.2.11, 3.2.4, 3.2.5. Every treatment applied to every patient is to some extent experimental. If thought necessary issues of follow-up should be added to the GMP.

7.3 partly covered by GMP 4.4.4, which could be expanded.

7.4 covered by GMP 4.2, 4.5.1

7.5 should be added to the GMP if thought necessary.

***Advertising:***

These issues are equally applicable to the practice of conventional medicine.

8.1 – 8.3 covered by the GMP 8.6 and the Board's 'Guidelines for Advertising of regulated health services'.

**Research and advancing knowledge:**

'Efforts to make advancements in treatments should not jeopardise patient safety.' Because every treatment applied to a single patient is an experiment, and patient safety is always at risk to some extent, it would be better to rephrase this to: Efforts to make advancements in treatments should not jeapardise patient safety to an inappropriate (to the circumstances) extent.

**Although the preamble suggests that this (draft) document would apply to all registered medical practitioners, it is clear that most of its content is written to apply only to those practising CUMET.** Although 'The Board does not wish to stifle innovation or research nor limit patients' right to choose their healthcare', some elements of this draft are likely to have those effects because of the code's intended use by Medical Tribunals and other legal arenas. I will repeat here examples of this, and/or impractical elements:

2.2 'Only offering treatments if you have the appropriate training expertise and experience in the……condition being treated.' Many practitioners of CUMET are general practitioners, and are especially consulted by patients who have not been

effectively served by conventional practice. Patients may have common or rarer diagnoses. The practitioner may have no training, expertise or experience in some of these diagnoses, but educates themself as appropriate to assist the patient. However, a Tribunal or Court may take the view that 'appropriate' is to be differently interpreted.

3.2 'Ensuring that you do not have a financial or commercial conflict of interest that may influence the advice or treatment……..' This is an unrealistic requirement applied to a select group of practitioners. The GMP advises on managing conflicts of interest, rather than 'ensuring that you do not have' them.

4.2.2 'Providing the patient with clear information about…..the degree to which and how, diagnostic investigations and tests have been formally evaluated and what is known about their reliability, safety and risks'. It is not clear whether as written, this requirement applies to all registered medical practitioners, or only to those practising CUMET. Bearing in mind that 30-50 separate components of tests are commonly conducted within one pathology episode, the details needed to fulfill such a requirement could be extensive, difficult to explain and significantly extend consultation time. It would be unfair to burden only CUMET practitioners with this requirement.

4.5 'Informing your patient of their right to seek a second opinion…….' Under this draft has become an obligation on CUMET practitioners, whereas GMP leaves it as 'supporting the patient's right to seek a second opinion' for all other practitioners. This is an unnecessary extra obligation placed on CUMET practitioners.

5.1, 5.2, 5.5 Use of the word formulations: 'comprehensive', 'all relevant information', 'best current available information'. It is not clear whether these draft requirements are intended to apply to all registered medical practitioners, or only practitioners of CUMET. They impose a significant extra, ideal and unrealistic responsibility on practitioners, over and above the words used in the GMP, a responsibility that should not be reserved for a subgroup of practitioners.

6.2 'Only recommending treatments where there is……a reasonable expectation of clinical efficacy and benefit'. This formulation is inappropriate because 'clinical efficacy' can be interpreted to imply that it satisfies the NHMRC's concept that the treatment must have been supported by multiple double blind clinical trials with at least 150 participants in each. This would exclude many treatments provided as CUMET; and yet Evidence Based Medicine accepts a broader range of evidence than that. I would advise to leave out 'clinical efficacy' and retain 'benefit', if it is necessary to retain 6.2 at all.

7.1 Appears to place a greater responsibility on CUMET practitioners regarding record keeping than on conventional practitioners. This would increase the time and expense of consultations.

The *COAG* principles:

**'Whether the proposal results in an unnecessary restriction of competition among health practitioners, and Whether the proposal results in an unnecessary restriction of consumer choice'**

The current proposal would apply to registered health practitioners in different ways. Only if the above noted additional requirements (if ultimately decided were necessary), were added into the GMP, without the references to different types of medical practitioners, so they apply to all registered medical practitioners in a fair manner, would they not result in restriction of competition among health practitioners, nor restrict consumer choice. The current proposal unnecessarily would restrict such competition and consumer choice.

**Training in unconventional medical disciplines is an area for concern.** Better training and greater experience can be expected to contribute to improved patient management outcomes. By making it more difficult for practitioners to practice CUMET disciplines, the less attractive the training becomes, the fewer options for training are provided and the knowledge base and opportunity for innovation in Australia diminishes. The community and patients will be the losers.

To assist the MBA to understand the perspective of those who use Homeopathy, I offer the following. Homeopathy has a 220 year history of development and innovation, accelerating in the last 20yrs. It is a complementary (and in some circumstances alternative) medicine, practiced particularly through Europe, the Americas, Africa, the UK and Asia. The prevalence of use is highest in Switzerland and India, where 10% of the population make use of it. Investigation of homeopathy has shown it to be safer than most other medicinal disciplines. The suggestion that the use of homeopathy delays access to more effective treatment options in some cases may be correct, however, the reverse also applies to patients for whom homeopathy is successful after conventional medicine has not been satisfactory. Equally the suggestion that unnecessary treatment is confined to the unconventional medicine sector is a nonsense. Ultimately any treatment (conventional and unconventional) that fails to be effective was unnecessary, but that isn't known until it has been applied to a specific patient. The cost of homeopathic medicines is relatively low, although a consultation fee should be added to it, as with conventional medicine. To suggest that these are reasons to be more critical of homeopathy than conventional medicine (requiring some stricter regulation) reflects misguided bias.

I note in the Consultation paper the definition of 'practice' (Page 3), and amongst your draft guidelines points 1.2, 1.3, 1.6, and GMP 4.4.6. The RACGP's Statement on Homeopathy failed on each of these criteria, and no alteration to the Statement was made after errors in the Statement were subsequently reported to the College. The College's lack of practical knowledge about homeopathy (nobody with the experience of practicing homeopathy was involved with the formulation of the Statement) was not disclosed in the Statement. The Statement advises doctors and patients not to use homeopathic medicine regardless of whether the patients are finding the treatment to be effective. The RACGP uncritically accepted, and inappropriately applied the NHMRC's 2015 Statement on homeopathy, and continues to promulgate it,

despite advice about the deficiencies of both Statements. If these proposed MBA guidelines are adopted I will expect the MBA to request the RACGP (and the doctors involved with the formulation of that Statement) to review their Statement on Homeopathy from at least these perspectives.

It is reasonable for the MBA to pursue harm reduction to the community; education of the community and medical practitioners is a reasonable mechanism in such pursuit, so long as the wording used is drawn directly from GMP, and not designed with the result that its interpretation may be more demanding (regarding compliance) of CUMET practitioners than the rest of the medical profession. Such extra demands are likely to suppress innovation, suppress training quality and availability, and influence competition between practitioners with varying skills.

I trust that the reader will now understand my preference for option 1, and if it is necessary to make more detailed guidelines, they should be added into GMP.

Yours sincerely,

**From:** Alix Goudge [redacted]
**Sent:** Monday, 13 May 2019 9:58 AM
**To:** medboardconsultation
**Subject:** Integrative doctors

To whom it may concern,
I do not want any restrictions on the practice of integrative doctors. They have extra training which makes them holistic in their assessment and treatment of the human body. Being under the care of an integrative doctor has been the only way that my medical conditions have been successfully treated. I firmly believe we need more integrative trained doctors and they should be the norm, not the exception - we simply need more of them. I request option 1.
Kind regards,
Alix Goudge

**From:** Anna Grant [redacted]
**Sent:** Thursday, 4 April 2019 10:43 AM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional

To whom it my concern,

I truely think it's a step backwards for Australia to think that there is no place for integrative medicine. There is so much research coming from other progressive 1st world countries that are using both successfully.

My husband and I have both used integrative medicine and love the choice of using conventional and research based 'unconventional' medicine.

I will be deeply disappointed with Australia if we step back and believe that there is only one way. Please reconsider and perhaps look at having more stringent rules around 'unconventional' medicine if that is what is required, instead of stopping it altogether.

Kind regards
Anna Grant

**From:** Marjorie Grant [redacted]
**Sent:** Saturday, 29 June 2019 10:25 AM
**To:** medboardconsultation
**Subject:** The MBA public consultation

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.
I want to be involved in my own and my family's care and this requires time in consultations an additional medical training that I found in my integrative medicine doctor.
I want more from my doctor. More time. More understanding of causes of illness. More power to understand the ways in which I can improve my health to reduce my need for drugs, surgery and medical appointments. My Integrative Medicine doctor provides these for me in a way that 10 minute consultations with doctors cannot.
Marjorie Grant

Dr Anne Tonkin

Chair, Medical Board of Australia
GPO Box 9958
Melbourne VIC 3001

28th May 2019

Dear Dr Tonkin,

***Request for an immediate and full retraction of the 'public consultation paper on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments'.***

As a member of the community, I have serious concerns about the *origins, development, intent, scope and economic impact* of the consultation paper and guidelines.

Devoted to the fitness, wellness and education industry for over 20 years, I am dedicated to ensuring students of the future, are provided with a frame work that supports health and well being for both clinicians and their patients. These concerns now lead me to formally request the Medical Board of Australia retract the proposed guidelines and cease the current consultation process.

My request is based on 5 primary concerns:

1. That the proposed guidelines are unnecessary and contradictory to the aims of the guidelines
2. That the guidelines don't conform to COAG Principles for best practice regulation
3. That the scope of the proposed guidelines is poorly defined creating ambiguity and uncertainty
4. That the amalgamation of three disparate groups into one definition is not scientific
5. That a lack of transparency in monitoring, credentialisation and procedural fairness in the development of the proposed guidelines exists

The concerns are addressed below.

In this document reference to the 'public consultation paper on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments' as the 'proposed guidelines'.

1. That the proposed guidelines are unnecessary and contradictory to the aims of the guidelines

A point by point analysis of the proposed guidelines against the "Good medical practice: A code of conduct for doctors in Australia" was conducted by the Australasian Integrative Medicine Association (AIMA) (see attachment 1). This illustrates that the existing guidelines adequately cover ALL aspects of the proposed guidelines. Therefore it is reasonable to conclude that the proposed guidelines are unnecessary. This being said, it is relevant to question the motivation of the guidelines as they do not 'increase public protection, nor support practitioners', but rather contradict this intention. This concept is outlined below:

(i) The proposed guidelines (p21.) support **enforced regulation** of "*medical practitioners who provide complementary or unconventional medicine or emerging treatments as there is not a college or professional association that represents all medical practitioners who provide these treatments*".

This guideline identifies the intention to 'regulate and educate' physicians providing complementary, unconventional medicine or emerging treatments, which replicates the guidelines of the 'Physican Charter' founded in China and later branded by the Chinese Government as the *Maintenance of Certification (MOC®) model (Ding, 2018).*

The proposed guidelines state (p23) "any administration costs associated with implementing the guidelines would be met by the Board with no additional costs for registrants". However they do not specify the costs for 'educational programs, accreditation, certification, and licensure' or disclose the providers of such programs indicating a lack of transparency and potential breach of Australian confidentiality in data sharing legislation. For example, ABIM Maintenance of Certification (MOC) is managed by Wolters Kluwer, a Netherlands based global leader in information services and solutions for professionals that 'provides information and has a focus on clinical effectiveness, research and learning data intelligence and announces their proven solutions drive effective decision making and consistent outcomes across the continuum of care" (attachment 3).

This potentially breachs COAG principle 4 by restricting trade to only one college or professional association that represents all medical practitioners who provide these treatments. This significantly opens the door to research published in an academic medical journal that misleads the public. This is illustrated in the [redacted] The public has a right to full disclosure of everything, especially when it is put in jeopardy by the action or inaction of a corporation.

Implementation of this model of regulation across several countries across the globe, raises concern for significant decreased well being within the Australian health care model with vulnerable members of society such as children, the elderly, the disabled and those within low socio demographics being at highest risk. Regulation models such as this are a detriment to Public Health Policy (China's health care crisis: lines before dawn, violence and 'no trust', 2018). Regulations that increase certification requirements are associated with practitioner burnout, diminished mental health and practitioner suicide risk (Halt MOC 'Physician Harm, 2019), due to unnecessary compliance criteria (Sandhu, 2015; Teirstein, 2019; Horsley, 2016; Patel, 2018). Countries like America, Singapore and China that follow a MOC® model of practitioner regulation experience practitioner suicide and the rates are as high as one doctor per day, which is why the proposed guidelines are not something we should be enforcing in our medical system without conducting an independent, government funded impact review.

(ii) The structure of an ***enforced regulation*** model supported by the guidelines is 'undefined'.

A model of 'enforced regulation' that is undefined is contradictory to the aims of the guidelines and does not conform to COAG guidelines. This raises concerns for public health and safety risk due to the rigidity of procedural compliance and a reduction in time allocations to the delivery of patient care whereby "new regulations and more demanding and costly reporting requirements are seriously diminishing a physician's ability to do their best for their patients" (A Balancing Act: Treating the Patient vs The Health Care System, 2016).

Given the above, and in line with the experience of those countries already implementing an 'enforced regulation model'; it is only reasonable to conclude the proposed guidelines, would contribute to rising health care costs, and also restrict patient choice, compromise practitioner health, wellbeing and safety within the Australian health care framework, since they have done so in other countries like America.

**For these reasons I call upon the medical board to withdraw the proposed guidelines and cease the current consultation process.**

2. That the guidelines don't conform to Council of Australian Governments Best Practice Regulation (COAG Principles, 2007) for best practice regulation

Review of the COAG Principles raises concerns. In line with the view of AIMA, there are limitations to the level of rigor in applying these principles to the origins and development of the proposed guidelines.

**COAG Principle 1** is "establish a case for action before addressing the problem (Ibid pg 4)

I agree with the Australasian Intergrative Medicine Association (AIMA) in that the proposed guidelines do not illustrate a need, and the citation of tribunal hearing evidence highlights efficacy of the current *Good Medical Practice* Guidelines in protecting patient safety. There is no evidence within the proposed guidelines that illustrates 'magnitude (scale and scope) of the problem, (Ibid p9), there is no demonstration that the current regulations are inadequate (Ibid p9), nor any valid argument for the immediate need or future need for additional regulation (Ibid p10). To exemplify this, TGA reporting of adverse drug responses (ADR) from complementary medicines (see attachment 2) account for only 1% of ADR responses.

Given the above, it is reasonable to assume the expediency of the proposed guideline implementation was not relative to patient risk, and therefore raises the question if the motivation was one of a commercial nature.

**For these reasons I call upon the medical board to withdraw the proposed guidelines and cease the current consultation process.**

**COAG Principle 3 is** "adopting the option that generates the greatest net benefit for the community".

No regulation impact assessment of all the feasible policy options available to address the identified problem was presented that identified the implementation, mechanisms and monitoring of the effectiveness of such guidelines. This identifies significant risks to the community such as rising health care costs, restriction of patient choice, service delivery bias, prescribing bias and a significant compromise to practitioner health, wellbeing and safety. This risk is supported by global evidence (Sandhu, 2015; Teirstein, 2019; Horsley, 2016; Patel, 2018).

**COAG Principle 4** "In accordance with the Competition Principles Agreement, legislation should not restrict competition unless it can be demonstrated that the benefits of the restrictions to the community as a whole, outweigh the costs and the objectives of the regulation can only be achieved by restricting competition".

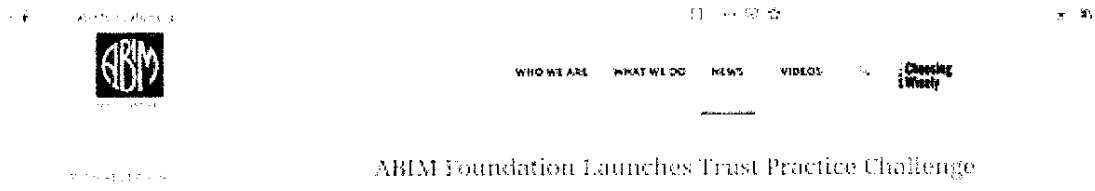
The impact if the proposed guidelines is wide reaching, influencing several industries including but limited to the innovative technology, research, education, pharmaceutical, health care, fitness and wellness, complementary medicines, agriculture and distribution. The proposed guidelines potentially financially impact every Australian household. This is why an independent, Australian Government economic impact review should be performed.

Furthermore, the proposed guidelines significantly restrict the CAM industry and are of no benefit to the community as a whole, given the ADR from CAM accounts for only 1% of ADR responses, yet in 2007 it was estimated over 68.9% of Australians use CAM therapies (Charlie, 2007).

The costs of implementing such regulations (administration, practitioner health, wellbeing and safety, preventative health care, economic impact) in no way outweigh the benefits being a reduction in the 1% ADR risk. The objective of the regulation is already achieved and evidenced within its own proposed guidelines.

The proposed guidelines potentially support the financial interests of commercial certification providers. The physician charter or MOC model (such as that delivered by the American Board of Internal Medicine (ABIM) foundation) do not provide guidelines as to the content of education modules. Potentially this means, promotion of one medical service delivery or the promotion of the use of one drug eg Asprin (Chen, 2006), could easily be promoted for physician use, and be in breach of ethical pharmaceutical regulations (Francer, 2014).

The ABIM foundation has commercial interest in the "Choosing Wisely" initiative.




'Choosing Wisely' was funded to undertake the recent Australian Government complementary Health Care Reforms. The outcome of this review resulted in the finding that Complementary and Alternative Medicine (CAM) therapies such as Western Herbal Medicine (WHM) were ineffective, leading to its removal from the private health insurance scheme. Yet 'Traditional Chinese Herbal Medicine' (TCHM) remains funded, as it was omitted from the review on the basis that it was 'deemed to be out of scope'.

On a simple level, shouldn't a CAM therapy such as TCHM 'that is out of scope, because it cannot be measured' be automatically removed from private health insurance funding? The findings and implementation of this review within this proposed guideline defies simple logic, yet supports a $40b TCHM medicine export and sales industry (TCM (Traditional Chinese Medicine): New Developments, 2017) and forms the basis of the physician charter (Ding, 2018) in which Chinese Medical Students are taught TCHM.

*Two of the goals of the 2016 goals of the integration of Chinese and Western medicine are:*

1. *Equal attention to TCM and Western medicine*
2. *Making TCM and Western medicine complementary to each other, and letting each play into it's strengths.*

This included the strategic plan of 'Equal status shall be accorded to TCM and Western medicine in terms of ideological understanding, legal status, academic development, and practical application. Efforts shall be made to improve system of administration related to TCM, increase financial input, formulate policies, laws and regulations suited to the unique features of TCM, promote coordinated development of TCM and Western medicine, and make sure that they both serve the maintenance and improvement of the people's health' (China adopts law on traditional medicine, 2016). With this in mind, is it not reasonable to conclude the proposed guidelines fit the current Chinese Health strategies?

The proposed guidelines also restrict the use of 'emerging treatments' which is undefined and potentially restricts new and innovative technology advancement, yet protects and supports China's health, science and technology innovation industry.

The certification model can easily be considered as phase 2 of the proposed guidelines (p 21) since it supports a regulatory frame work that provides education across modalities. **Section 39 of the National Law "the Board may develop and approve codes and guidelines to provide guidance to the health practitioners it registers. Codes and guidelines apply to all medical practitioners in all states and territories.** A 2017 article published in Orlando Medical news identifies the MOC model to support "an unfair near-monopoly on the MOC recertification process based on long-

term partnerships with insurance companies and hospitals, who often mandate MOC recertification" (Combating MOC Abuses, 2017).

These points are raised to identify and illustrate that:

(a) the undisclosed economic impact to not only the Australian health care system, but also to identify a much broader impact affecting Australian business. Unfortunately, the evidence validates these points.
(b) the proposed guidelines 'fit' with the Chinese Government 13th Economic growth plan (2016-2020) to implement universal health care by 2020 as outlined in the Chinese Government 'Health action Plan' that according to President Xi at the World Health Organization, 9th Global Conference on Health Promotion, Shangai 2016

*"...health is a prerequisite for people's all-round development and a precondition for economic and social development ... and that if the problems in the health sector are not effectively addressed, people's health may be seriously undermined, potentially compromising economic development and social stability"* (attachment 4).

(c) the health and safety of the Australian tax payer is not at risk of the impact and threat of international commercial gain.

It is also important to note the degree of misunderstanding of CAM therapies by ABIM and subsequently the 'Choosing Wisely Campaign'.

TCM was 'omitted' from the review as they were 'determined to be out of scope' and remain registered with both APHRA, receiving government funding for private health insurance rebates and promoted to the Australian public as effective medicine treatments.

**This omits the TCHM treatment modality from the proposed guidelines** as the guidelines state (p21.) ***"medical practitioners who provide complementary or unconventional medicine or emerging treatments".***

This raises significant concerns for not only commercial bias, but also the level of understanding for CAM therapies, primarily Western Herbal Medicine (WHM). To understand this point it is important to review the following information:

(i) Both Western Herbal Medicine (WHM) and Traditional Chinese Herbal Medicine (TCHM) support a patient centered approach, using over 300 therapeutic herbs. The majority of these are used by both modalities (attachment 5) for the treatment of the exact same conditions, relying on the same pharmacological compounds. It is also important to note TCHM includes Australian native botanical species such as *Eucalyptus*, *Tea Tree* and *Bottle Brush* (mu zei).
(ii) Professor Joanne Jamie, a medicinal chemist from Macquarie University, in Sydney has compiled a database on Aboriginal plants. Many of those plants, she found, contained anti-bacterial and anti-inflammatory compounds that are known to WHM and these exact same herbs are used by TCHM. This makes perfect sense given recent unprecedented DNA research conducted by the University of Cambridge in 2016, which found evidence of a single human migration out of Africa and confirmed that Aboriginal Australians are the world's oldest civilization who 'migrated' to Asia, some 42,000 years ago. It is simply nonsensical to believe they did so 'deciding to leave their knowledge of herbal therapeutics at home'. Scientific evidence and research proves they didn't, which is why TCHM and WHM use the same therapeutic herbs.
(iii) In 2016 China mandated the integration of Chinese and 'Western medicine'. The passing of this 'new law' provided TCHM a bigger role in the medical system (commencing July 1, 2017). On the back of this Chinese scientist Tu Youyou won the 2015 Nobel Prize for her work in using ***artemisinin*** (Wormwood) to treat malaria. This herb is not unique in use to TCHM; it is and always has been used by Western Herbalists (Bilia, 2014) and is likely to have been used by Indigenous Australian herbalists some 42,000 years ago. The law, was mandated to "put TCHM and Western Herbal medicine on equal footing in China and protect medical resources including research and development and TCM intellectual property" (Xinhua, 2016) (attachment

6). This clearly illustrates commercial bias and the proposed guidelines support this approach. This is clearly in breach of COAG guidelines principle 4.

www.china.org.cn/china/2016-12/26/content_39982656.htm

the former's training and funding, and an aversion to using modern clinical tests. Animal-rights activists have also raised questions.

To this end, the new law said China puts TCM and Western medicine on equal footing in China,with better training for TCM professionals, with TCM and Western medicine learn from each other and complementing each other.

The state will support TCM research and development and protect TCM intellectual property.

Special protection will be given to TCM formulas that are considered state secrets, it said.

Therefore, it is fundamentally important to note; biological botanical compounds and active constituents within the species used in East/West herbal blending, do not change or are not uniquely different from TCHM to WHM. They are the same botanical plants with the same phytotherapeutic actions.

Given they are exactly the same herbs, it is difficult to argue that the "Choosing Wisely Review', 'ABIM', Medical Board of Australia and AHPRA that hold and enforce the concept that 'TCHM is effective', and WHM is not, is more than a misunderstanding or lack of knowledge, but rather one of commercial bias.

It is simply not feasible or credible to consider one a valid treatment and the other not. In doing so, the rationale presented is one that distinguishes *'pharmacological components of a herb and the biological processes within the human body, alluding they are in some way 'responsive and adapt' to the academic qualifications or cultural origins of the person prescribing'*. I think you would have to agree, given both TCHM and WHM are higher education qualifications (taught in the same government approved and credited educational frameworks and learning providers within Australia), is simply a nonsensical argument and one of avid and unacceptable commercial discrimination. Finally, and without dispute, it is important to validate efficacy of both herbal modalities to support Aboriginal and Torres Straight Islander Health Strategies provided by both the AMA and APHRA. Without taking this approach, is it not unreasonable for the general public to conclude that anti discrimination legislation should come into play?

**For these reasons I call upon the medical board to withdraw the proposed guidelines and cease the current consultation process.**

3. <u>That the scope of the proposed guidelines is poorly defined creating ambiguity and uncertainty</u>

I agree with AIMA that the "lack of any clear definitions in the proposed guidelines creates significant uncertainty and makes responding meaningfully to the public consultation impossible. Further, without clear definitions for terms such as 'complementary', 'conventional, 'unconventional', 'unnecessary', 'unproven' and 'emerging', there is no common framework for the MBA to be able to analyse or assess responses received.

There is also the very real concern that grouping three distinctly separate areas together in this proposal – complementary, unconventional and emerging – artificially and inappropriately aligns each area with the same degree of potential harm or risk - which is clearly inappropriate and there is no evidence base for such an incongruous nomenclature.

The inclusion of the umbrella term 'complementary medicine' in the proposed guidelines without an accepted definition presents a further problem. The World Health Organisations traditional Medicine Strategy 2014-2023 devotes attention to prioritizing health services and systems including traditional and complementary medicine products, practices and practitioners. Therefore, the proposed guidelines could be perceived as being contradictory to the aims and objectives of the WHO strategy, violating the human rights of all Australians and particularly indigenous peoples".

**For these reasons I ask the MBA to withdraw the proposed guidelines and attendant public consultation due to lack of clarity about who and what they intend to cover which compromises and confuses the consultation process.**

4. That the amalgamation of three disparate groups into one definition is not scientific

I agree with AIMA that "there is no basis for complementary medicine, unconventional medicine and emerging therapies being grouped into one single definition, except to restrict commercial trade. The underlying assumption in any definition when grouping entities is that the groups defined share something in common. This is not the case with the groups identified in the proposed guidelines. As such, the definition lacks scientific cohesion and is not evidence based".

The only apparent component of the definition that possibly provides cohesion is that the MBA sees all these practices as non conventional, yet ironically finds TCHM conventional? This makes the definition political and not scientific as it revolves around what the concept of conventional medicine is in this age of evidence-based practice. It is estimated over one third of general practitioners incorporate some aspects of complementary medicine within their medical practice including mindfulness, diet and lifestyle guidance, nutritional recommendations, eucalyptus inhalants for congestion and herbal medicine to aid constipation such as Senokot and Metamucil (Senokot is a reliably effective laxative made with naturally derived senna – *cassia senna or cassia angustifolia and Metameucil is naturally derived psyllium powder or Plantago*), so it could be argued that Western Herbal Medicine constitutes current conventional medicine. There needs to be a clear definition provided from the MBA to define conventional medicine and ascertain this political definition has validity. To accept therapeutic validity according to the academic qualification or profession of the prescriber lacks credibility and diminishes public trust.

**For these reasons I ask the MBA to withdraw the proposed guidelines and attendant public consultation due to lack of science in the amalgamated definition.**

5. That a lack of transparency in future monitoring and credentialisation and procedural fairness in the development of the proposed guidelines exists

The development of the proposed guidelines and their subsequent presentation as Option 2 being the 'preferred choice' of the Board, has occurred in the absence of procedural fairness. The stakeholder groups and individuals who stand to be directly impacted by the adoption of the proposed guidelines have not been given fair opportunity to contribute to the development of the guidelines. A choice of the status quo in Option 1 OR the already developed guide lines in Option 2 is not a process wide consultation in the development of the proposed guidelines, only on the adoption of the proposed guidelines.

**For these reasons I ask the MBA to withdraw the proposed guidelines and attendant public consultation due to lack of science in the amalgamated definition.**

In line with AIMA, I believe the proposed guidelines are fundamentally flawed, COAG principles have not been upheld and the guidelines have been developed without any evidence of need. In addition the scope of the guidelines is poorly defined which creates significant commercial bias and restrictions of trade. The proposed guidelines support the physician charter (MOC model) developed by ABIM which based on the findings of the "Choosing Wisely" review, lack transparency and are founded on professional, academic and political bias.

The proposed guidelines support clinician burnout, compromises patient care yet, support China's $40b pharmaceutical and technology and innovation industry. The guidelines are the entry point for a lucrative commercial business model that compromises consumer trust in the Australian model of health care.

The proposed guidelines and consultation processes have caused distress to the integrative medicine community and I personally have received consumer feedback questioning the efficacy of Western Herbal Medicine compared to TCHM. In addition, several indigenous clients are now unable to afford access to herbal medicine that upholds their cultural beliefs which must be noted.

**Moving Forward**

After working in wellness for over 20 years and being a strong advocate of Indigenous Herbal Medicine, I ask you kindly to expedite this request and also review the APHRA status for Western Herbal Medicine to reflect equality, fairness and support and respect Indigenous Australian Culture. It is also important to reflect COAG principles of commercial fairness and those of APHRA's Aboriginal and Torres Straight Islander Health Strategy.

I request an Australian economic impact review to be performed in line with COAG principles. This review should be Australian based, independent and cover the financial impact to the community as a whole including practitioner safety and wellbeing, patient care, and those industries affected by the proposed guidelines.

With the above in mind, I am hopeful that the Medical Board of Australia will withdraw the proposed guidelines and attendant public consultation due to lack of science in the amalgamated definition and a far reaching impact to the Australian economy.

Regards,

Narelle Grant

**ATTACHMENT 1**

**COMPARISON OF PROPOSED GUIDELINES AND EXISITING GUIDELINES (*Good medical practice: A code of conduct for doctors in Australia*)**

Following is a comparison of the proposed guidelines for 'complementary and unconventional medicine and emerging treatments' with the extant "Good Medical Practice: A Code of Conduct for Doctors in Australia". The detailed analysis below demonstrates that all aspects of the proposed guidelines are adequately covered through the existing guidelines, obviating the need for new guidelines.

Each proposed new guideline is discussed below as numbered in the document, and with the corresponding current guideline identified:

1. Discussions with patients – the referenced NHMRC document is too brief and non-specific to be used as a reference point for patients seeking advice about complementary therapies. Medical practitioners would be best advised to refer their patient to and colleague trained in Integrative Medicine, or to a qualified naturopath in order for them to be provided with adequate information to make an informed choice. Only a qualified practitioners with specific training in the area of use complementary, unconventional and emerging therapies should be providing in-depth discussion with people.
   1.1 is covered by the current 2.1.1 and 3.2.2
   1.2 is covered by the current 2.1.2 and 3.2.2
   1.3 is covered by the current 2.2.1
   1.4 is a statement which SHOULD NOT BE USED by medical practitioners who do not have the relevant training or information to be able to have an informed discussion. This statement is fundamentally flawed, non-specific and potentially mis-leading. The most ethical response would be to state that they do not know the level of evidence, or the potential benefits or risks and that they advise their patient to seek an opinion from someone with specific knowledge of this area.
   1.5 is covered by 2.2.4
   1.6 is covered by 2.1.5
2. The opening paragraph simply reiterates what is already covered adequately in the current 2.2.1 and 2.2.2
   2.1 is covered by the current 2.2.1 and 2.2.2
   2.2 is covered by the current 2.2.1 and 2.2.2
   2.3 is covered by 2.1.4 and 2.2.9
   2.4 is covered by the current 1.4
3. The opening statement is true for many medical interventions, surgeries, devices and does not need to be specifically isolated to this paper is adequately covered by the current 3.3.6
   3.1 is covered by the current 1.4
   3.2 is covered by the current 3.2.5 and 3.5.3
4. The whole issue of informed consent is already adequately covered in the current guidelines under section 3.5 and the term 'conventional medicine' is not adequately defined – what percentage of practitioners need to be adopting a certain approach for it to be considered a part of 'conventional medicine"? The wording of this whole section creates a 2 tiered

expectation for the depth, breadth and length of consultation compared with any other area of medicine. This statement is also adequately covered by the current 3.3.3

4.1 is covered by the current 3.2.5, 3.3.3 and 3.3.4

4.2 is standard medical practice however the degree of expectation outlined in these points is well above and beyond that expected of other medical practitioners

4.2.1 is covered by the current 3.2.5, 3.3.3 and 3.3.4 and

4.2.2 is covered by the current 3.3.3, 3.3.4 and 3.5.2 and this statement again creates a 2 tiered expectation compared with consenting for other medical investigations and tests

4.2.3 is covered by 3.3.3, 3.3.4 and 3.5.2 and this statement again creates a 2 tiered expectation compared with consenting for other medical investigations and tests

4.2.4 is covered by the current 2.1.5, 2.2.11

4.2.5 is covered by the current 2.2.10, 2.4.4,3.3.3 and 3.5.4

4.2.6 is covered by the current 2.1.2 and 3.3.3

4.3 is already adequately covered by the current 1.4, 2.2.7,2.2.11, 3.2.1 and 3.2.5

4.4 is already adequately covered by the current 2.1.1, 2.1.2, 2.2.4, 2.2.5,2.2.6, 2.2.12

4.5 is already adequately covered by the current 2.1.4 and 2.2.9

5. Again, the terms 'complementary' and 'alternative' and 'emerging' and 'conventional' are not clearly defined, and this ambiguity creates uncertainty. The area of diagnostic methods and tests is already adequately covered by the discussions of 4.2 above and this is a repetition

5.1 is already adequately covered by the current 2.1.1

5.2 is already adequately covered by the current 2.1.2 and 2.2.4

5.3 is already adequately covered by the current 2.1.1 and 2.2.2

5.4 is already adequately covered by the current 2.1.1 and 2.2.2

5.5 is already adequately covered by the current 2.1.1, 2.1.2, 2.2.6 and 2.2.10

6. The statement 'in the absence of an identified therapeutic need' is completely unworkable as it excludes ALL preventative medicine AND it requires proper definition of 'therapeutic need' – according to whom? – according to what standard? - does this breach the respect of the patients views and involvement in shared decision making? Any delay in accessing 'more appropriate' treatment is also poorly defined – more appropriate according to whom? And any delays would have to be shown to have caused harm to be in contravention of the current guidelines and this is adequately dealt with by the current 1.4, 2.1.2, 2.2.4, 2.2.62.2.10, 2.4.1 and 2.4.4

6.1 is already adequately covered by the current 2.2.6, 3.2.5, 3.3.3 and 3.3.4

6.2 is already adequately covered by the current2.2.6, 3.3.4 and 3.3.6

7. Is just sound medical practice and AIMA has developed templates to assist on good communication between practitioners involved in shared care

7.1 is already adequately covered by the current 2.2.3

7.2 is already adequately covered by the current 2.1.3

7.3 is already adequately covered by the current 2.1.3, 2.2.9 and 2.2.11

7.4 is already adequately covered by the current 3.4.2 and 3.4.3

7.5 is already adequately covered by the current 3.10 and 3.10.7

8. the whole if section 8 is already adequately covered by the "guidelines for advertising of regulated health services" and there is no need for this section

9. the whole of this section is adequately covered by "Australian Code for the Responsible Conduct of Research" and the "National Statement on Ethical Conduct in Human Research" and there is no need for this section

As a result of our assessment, we do not believe that clearer regulation or the development of new guidelines is necessary. If there is more information and evidence provided going forward which meets the requirements of the COAG Principles and an adequate case can be made for such a process, then we propose to start this consultation process from the beginning while working collaboratively with AIMA.

## Attachment 2

-------- Original message --------
From: ADR Reports <ADR.Reports@health.gov.au>
Date: 23/08/2017 15:57 (GMT+10:00)
To: Subject: ADRs for CMs latest statistics CRM:0014116 [SEC=UNCLASSIFIED]

Thank you for your email to the TGA requesting statistics about ADR Reports for CM and pharmaceuticals. I am unclear exactly what information you are requesting as this is very general and broad question. I have provided an overview table comparing the total number of ADR reports to ADR Reports of CM for the last three years. We are currently overhauling the TGA ADR database which will improve the capture of CM in ADR Reports.

| Year | All ADR Reports | CM ADR Reports |
|---|---|---|
| 2014 | 16,251 | 171 |
| 2015 | 17,034 | 209 |
| 2016 | 16,949 | 280 |

Adverse Event and Medicine Defect
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**Therapeutic Goods Administration**
Department of Health
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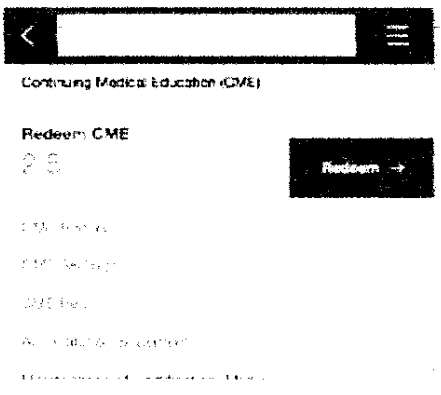
Woden ACT 2606 Australia
www.tga.gov.au

# *Wolters Kluwer Helps Clinicians Stay UpToDate with Continuing Education Anytime, Anywhere with Mobile CE/CME Credit Redemption*

***ABIM physicians can submit CME directly towards MOC from their mobile devices***

(April 10, 2019 - 14:30 CEST) — Wolters Kluwer, Health announced today that clinicians can now manage and redeem their Continuing Medical Education (CME), Continuing Education (CE) and Continuing Professional Development (CPD) credits directly on the UpToDate®



**mobile app and mobile web. Additionally, ABIM-certified physicians can submit CME credits earned using UpToDate to fulfill select Maintenance of Certification (MOC) requirements from the UpToDate mobile app and mobile web.**

"Redeeming CME on the go using a smartphone or tablet gives clinicians' back valuable time to spend with their patients," said Priti Shah, Vice President, Products and Solutions, Clinical Effectiveness, at Wolters Kluwer, Health. "We are committed to reducing the variability that stands in the way of effective care by reinforcing the latest evidence to improve patient outcomes."

With an unabated flow of new medical research, healthcare professionals are challenged to keep up with new evidence and to identify relevant research that changes clinical practice. Researchers at Stanford estimate that about 1.47 million new biomedical research papers will be published in 2019, with an annual growth rate of about 5 percent.

To stay current, CME/CE/CPD is a key component of clinicians' professional development and directly impacts their practice of medicine. From Australia to the United Arab Emirates, UpToDate is accredited and recognized as a continuing education resource by colleges, associations, and authorities from around the world. Over 20 organizations in the US and 35 internationally recognize CME earned in UpToDate. In 2018 alone, nearly 200,000 clinicians have taken advantage of UpToDate CME to fulfill their professional development requirements.

**Wolters Kluwer's Health Continuing Education**

In addition to UpToDate, Wolters Kluwer is a trusted provider of a range of continuing education resources including:

- AudioDigest provides online and mobile access to thousands of CME-eligible lectures from industry experts at 120 prestigious institutions, focused on: clinical updates, reviews of clinical best practices and MOC activities.

- Lippincott® NursingCenter features more than 1,800 continuing nursing education articles from than 40 leading nursing and health professional journals meeting the learning needs of society members and individual nurses.
- Lippincott Learning, released on April 1, 2019, includes CE in certification review programs for the top nursing specialties, more than 2,000 scholarly journal articles, more than 400 interactive modules for a broad range nursing specialties and allied health occupations.
- CEConnection is a versatile learning platform serving individuals, societies, and institutions with over 3000 continuing education modules for nurses, allied health professionals, and physicians.

###

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Wolters Kluwer reported 2018 annual revenues of €4.3 billion. The group serves customers in over 180 countries, maintains operations in over 40 countries, and employs approximately 18,600 people worldwide. The company is headquartered in Alphen aan den Rijn, the Netherlands.

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For more information, visit www.wolterskluwer.com, follow us on Twitter, Facebook, LinkedIn, and YouTube.

# Attachment 4



Programme of events
Healthy cities
Health literacy
Good governance
Healthy China

– View the video

**Healthy China**

The development of a 'Healthy China' is central to the Chinese Government's agenda for health and development – and has the potential to reap huge benefits for the rest of the world.

President Xi Jinping has put health at the centre of the country's entire policy-making machinery, making the need to include health in all policies an official government policy. In August, China held its National Health Conference, which was the most important national meeting on health in twenty years. This meeting demonstrated the government's tremendous political will in investing in health.

Here President Xi said health is a prerequisite for people's all-round development and a precondition for economic and social development. Conversely, he also stressed that if the problems in the health sector are not effectively addressed, people's health may be seriously undermined, potentially compromising economic development and social stability.

Following the National Health Conference, China's leaders ensured health became an explicit national political priority with the approval of the Healthy China 2030 Planning Outline by China's Central Party Committee and the State Council. This document is the first medium to long term strategic plan in the health sector developed at the national level since the founding of China in 1949. Furthermore it also indicates the political commitment of China to participate in Global Health Governance, and fulfil the UN SDG agenda.

***From Ottawa to Shanghai & the sustainable development agenda***

Thirty years ago, the Ottawa Charter for Health Promotion recognized the need to enable people to increase control over and to improve their health and well-being by ensuring healthier, sustainable environments where people live, work, study and play. Social justice and equity were highlighted as core foundations for health, and there was agreement that health promotion is not simply the

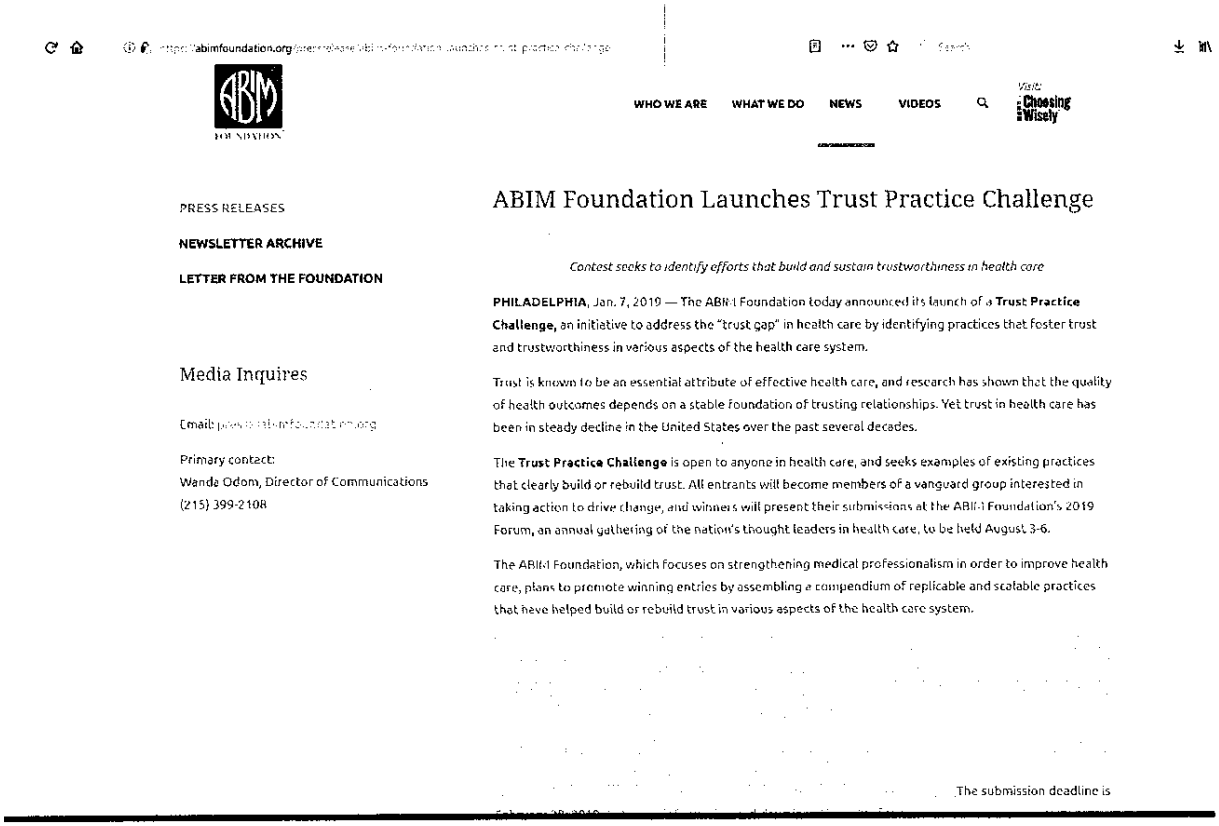
– View the Day 3 programme of events
Day 3 of the conference focusses on "Healthy China 2030 (from vision to action)"

Attachment 5

| Western Herbal Medicine | Traditional Chinese Herbal Medicine |
|---|---|
| Astragalus | Huangqi |
| Aloe vera | Aloe |
| Albizzia | he huan hua |
| Alfalfa | medicago sativa |
| Arnica | arnica Montana |
| Andrographis | chuan xin lian |
| Angelica | danggui |
| Agrimony | xian he cao |
| Artichoke Leaves | Cynara scolymus |
| Bilberry | yue ju |
| Bitter Melon | ku gua |
| Bitter orange | ju hong |
| Black Cohosh | sheng ma |
| Black Plum | wu mei |
| Baikal Scullcap | Radix Scutellariae |
| Bupleurum | Chaihu |
| Boswellia | olibanum |
| Cinnamon | guizhi |
| Coptis | huanglian |
| Camphor | zhang nao |
| Cardamom Seed | sha ren |
| Cassia seed | ju ming zi |
| Cats Claw | uncaria tomentosa |
| Cordyceps | dong chong |
| Codonopsis | dang shen |
| Cloves | ding xiang |
| Clematis | wei ling xian |
| Citrus peel | Chen pi |
| Citron | xiang yuan |
| Chrysanthemum | ju hua |
| Coriander | hu sui |
| Corn Silk | yu mi xu |
| Cranberry | vaccinium macrocarpon |
| Devils Claw | harpagophytum procumbens |
| Damiana | Turnera diffusa |
| Dandelion | Pu gong ying |
| Devils Claw | harpagophytum procumbens |
| Dong Quai | tang kuei |
| Elder | sambucus nigra or sambucus canadensis |
| Ephedra | ma huang |
| Eucalyptus | eucalyptus globulus |
| Euphorbia Root | gan sui or kan sui |
| Fennel | xiao hui xiang |
| Fenugreek | hu lu ba |
| Flaxseed | ya ma zi |
| Ginseng | renshen |
| Garlic | Da suan |
| Ginger | Gan [shen] jiang |

| | |
|---|---|
| Ginkgo Biloba | Yin xing yi |
| Ginseng American | Xi yang shen |
| Ginseng Asian | Dong yang shen |
| Ginseng Siberian | Wu jia shen |
| Goldenseal | Bai mao liang |
| Gotu Kola | Luei gong gen |
| Green Tea | Lu cha |
| Gymnema | Gymnema sylvestre |
| Gymnostemma | Jio gu lan |
| Hawthorn | Shan zha |
| Honeysuckle Flower | Jin tin hua |
| Hyssop | Huo xiang |
| Inula | Xuan fu hua |
| Jujube | Da zao |
| Licorice | gancao |
| Marigold (Calendula) | c. officinalis |
| Milk Thistle | Silybum marianum |
| Mint | Bo he |
| Mullein | Jia yan ye |
| Myrrh | Mo yao |
| Nutmeg | Rou dou kou |
| Onion | Yang cong |
| Pepper | Hu Jiao |
| Peony | baishao |
| Passion Flower | Passiflora incarnata |
| Pau D'Arco | Tabebuia avellanedae |
| Persimmon | Shi di |
| Picrorhiza | Hu huang lian |
| Plaintain Seed | Che qian zi |
| Polygonatum | Huang jing |
| Pumpkin seed | Nan gua zi |
| Radish | Lai fu zi |
| Red Clover | Trifolium pratense |
| Red Peony | Chi shao |
| Red Sage Root | Dan shen |
| Rehmannia | Shu di huang |
| Reishi | Ling zhi |
| Rhubarb | Da huang |
| Rose | Mei gui hua |
| Rosemary | Mi die xiang |
| Safflower | Hong hua |
| Saffron | fan hong hua |
| Saw palmetto | Ju zong lu |
| Salvia | danshen |
| Schisandra | Wu wei zi |
| Shiitake | Hu gu |
| Senna | Fan xie ye |
| Seaweed | Hai zao |
| Scutellaria | Huang qin |
| Slippery Elm | Ulmus Fulva |
| Smilax | Tu fu ling |

| | |
|---|---|
| Turmeric | Jiang huang |
| Uncaria | Xun ma |
| Withania somniferum | Ashwagandah |
| | |



https://abimfoundation.org/press-release/abim-foundation-launches-trust-practice-challenge

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Email: press@abimfoundation.org

Primary contact:
Wanda Odom, Director of Communications
(215) 399-2108

# ABIM Foundation Launches Trust Practice Challenge

*Contest seeks to identify efforts that build and sustain trustworthiness in health care*

**PHILADELPHIA**, Jan. 7, 2019 — The ABIM Foundation today announced its launch of a **Trust Practice Challenge,** an initiative to address the "trust gap" in health care by identifying practices that foster trust and trustworthiness in various aspects of the health care system.

Trust is known to be an essential attribute of effective health care, and research has shown that the quality of health outcomes depends on a stable foundation of trusting relationships. Yet trust in health care has been in steady decline in the United States over the past several decades.

The **Trust Practice Challenge** is open to anyone in health care, and seeks examples of existing practices that clearly build or rebuild trust. All entrants will become members of a vanguard group interested in taking action to drive change, and winners will present their submissions at the ABIM Foundation's 2019 Forum, an annual gathering of the nation's thought leaders in health care, to be held August 3-6.

The ABIM Foundation, which focuses on strengthening medical professionalism in order to improve health care, plans to promote winning entries by assembling a compendium of replicable and scalable practices that have helped build or rebuild trust in various aspects of the health care system.

The submission deadline is

# Attachment 6





## China adopts law on traditional medicine



China's top legislature on Sunday adopted a law on traditional Chinese medicine (TCM) to give TCM a bigger role in the medical system.

The Law on Traditional Chinese Medicine was approved at the end of a seven-day session of the National People's Congress (NPC) Standing Committee which concluded on Sunday afternoon.

Huang Wei, deputy director of the NPC Standing Committee commission for legislative affairs, said the law, which will go into effect on July 1, 2017, is a significant step in the development of TCM. It is key to reform of medical and health sectors and the drive toward a "Healthy China."

According to the new law, county-level governments and above must set up TCM institutions in public-funded general hospitals and mother and child care centers. Private investment will be encouraged in these institutions.

All TCM practitioners must pass tests. Apprentices and previously unlicensed specialists with considerable medical experience may only begin practice when they have recommendations from at least two qualified practitioners and pass relevant tests.

With a history of more than 2,000 years, TCM is seen by many as a national treasure in China for its unique theories and practices, such as herbal medicine, acupuncture, massage and dietetics.

This is especially the case since Tu Youyou won the 2015 Nobel Prize for her work using artemisinin to treat malaria.

But there is also considerable skepticism of TCM in the face of Western medicine, particularly over the former's training and funding, and an aversion to using modern clinical tests. Animal-rights activists have also raised questions.

To this end, the new law said China puts TCM and Western medicine on equal footing in China,with better training for TCM professionals, with TCM and Western medicine learn from each other and complementing each other.

The state will support TCM research and development and protect TCM intellectual property.

Special protection will be given to TCM formulas that are considered state secrets, it said.

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Bilia R, Santomauro F, Sacco C, Bergonzi M, and Donato R, "Essential Oil of Artemisia annua L.: An Extraordinary Component with Numerous Antimicrobial Properties," Evidence-Based Complementary and Alternative Medicine, vol. 2014, Article ID 159819, 7 pages, 2014. https://doi.org/10.1155/2014/159819.

Charlie C.L. Xue, Anthony L. Zhang, Vivian Lin, Cliff Da Costa, and David F. Complementary and Alternative Medicine Use in Australia: A National Population-Based Survey
The Journal of Alternative and Complementary Medicine 2007 13:6, 643-650

Chen J, Rathore SS, Wang Y, Radford MJ, Krumholz HM. Physician board certification and the care and outcomes of elderly patients with acute myocardial infarction. *J Gen Intern Med*. 2006;21(3):238–244. doi:10.1111/j.1525-1497.2006.00326.x

Ding, N., Yan, D., Li, H., Ma, Y., & Wen, D. (2018). Chinese medical students' agreement with and fulfillment of the Physician Charter. *BMC medical education*, *18*(1), 212. doi:10.1186/s12909-018-1324-x

Francer J, Izquierdo JZ, Music T, et al. Ethical pharmaceutical promotion and communications worldwide: codes and regulations. *Philos Ethics Humanit Med*. 2014;9:7. Published 2014 Mar 29. doi:10.1186/1747-5341-9-7

Hall, H TCM (Traditional Chinese Medicine): New Developments (2017, Sep 26) Retrieved from https://sciencebasedmedicine.org/tcm-traditional-chinese-medicine-new-developments/

Horsley T, Lockyer J, Cogo E, Zeiter J, Bursey F, Campbell C. National programmes for validating physician competence and fitness for practice: a scoping review. *BMJ Open*. 2016;6(4):e010368. Published 2016 Apr 15. doi:10.1136/bmjopen-2015-010368

Jeter, P Combating MOC abuses (2017, Nov 7) Orlando Medical News Retrieved form https://www.orlandomedicalnews.com/combating-moc-abuses-cms-1448

Lipner, R Effect of Access to an Electronic Medical Resource on Performance Characteristics of a certification Examination: A Randomised Controlled Trial (2017, September 5) Retrieved from https://annals.org/aim/article-abstract/2648594/effect-access-electronic-medical-resource-performance-characteristics-certification-examination-randomized

Patel RS, Bachu R, Adikey A, Malik M, Shah M. Factors Related to Physician Burnout and Its Consequences: A Review. *Behav Sci (Basel)*. 2018;8(11):98. Published 2018 Oct 25. doi:10.3390/bs8110098

Price, G A Balancing Act: Treating the Patient vs The Health Care System, (2016, Oct 25) Forbes Retrieved form https://www.forbes.com/sites/physiciansfoundation/2016/10/25/a-balancing-act-treating-the-patient-vs-the-healthcare-system/#5b61ae437b0d

Sandhu AT, Dudley RA, Kazi DS. A Cost Analysis of the American Board of Internal Medicine's Maintenance-of-Certification Program. Ann Intern Med. 2015;163:401–408. doi: 10.7326/M15-1011

Teirstein, P Halt MOC 'Physician Harm' (2019, Jan 10) MEDPAGE TODAY Retrieved from https://www.medpagetoday.com/publichealthpolicy/generalprofessionalissues/77366

Wee, S China's health care crisis: lines before dawn, violence and 'no trust'(2018, Oct. 1). *New York Times* Retrieved from https://www.cnbc.com/2018/10/01/chinas-health-care-crisis-lines-before-dawn-violence-and-no-trust.html

Wes, Fake news: Annals of Internal Medicine's Disclosures (2017, August 16) Standing Up For The Practicing Physician Retrieved from http://drwes.blogspot.com/2017/08/fake-news-annals-of-internal-medicines.html

Xinhua, 'China adopts law on traditional medicine' (2016, Dec 26) China.org.cn Retrieved from http://www.china.org.cn/china/2016-12/26/content_39982656.htm and appendixes below.

**From:** Beverley Green [redacted]
**Sent:** Friday, 21 June 2019 1:03 PM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatment

I choose Option 1: “no new regulations are required for doctors practising in the areas of complementary medicine and integrative medicine.”

I have chosen to see Integrative Medicine doctors because:
Conventional medicine provided no answers about why I was sick and I needed medical care with a wider range of diagnostic and treatment options. I was told by my GP and specialist that there is nothing they can do to treat my condition so I rely on complementary and non-conventional practitioners to alleviate my symptoms and manage my condition. Current medical guidelines for my condition are out of date and have been shown to be harmful.

I prefer non-drug approaches for managing my health or illnesses.

I am happy with my GP for simple treatments within brief consultations. But their scope seems to be limited to common conditions and providing drugs to keep my "numbers" within an "acceptable" range. There is insufficient time to do more than that. A more integrated approach can find solutions that don't rely on drugs and when the tests cannot provide answers in more complicated conditions like mine they seem to be unable to provide any answers so access to alternatives is needed.

I have concerns about the proposed regulations because:
There is no demonstrated need to regulate Complementary Medicine or Integrative Medicine. These are safe practices that need no further regulation. The only concern of the Medical Board of Australia in this process is, and should be, safety. Only I can judge how effective Complementary Medicine and Integrative Medicine is so whether or not I should use them should be a decision left to me.

The Medical Board of Australia includes members of the Friends of Science in Medicine, a political lobby group opposing Complementary Medicine and Integrative Medicine. This is a clear conflict of interest. The Medical Board of Australia should cancel the current consultation, and go back to the start making sure that it is conducted with a clear lack of bias.

In summary, conventional medical practices have failed to provide answers or treatments for my illness so I have no other option than to use alternative solutions that I have found helpful. Removing those options would mean a deterioration in my health and a greater financial burden on the government as my level of disability would increase. At the least the current situation should remain unchanged but expanding the scope of medical practitioners to train and practise in broader and safe alternatives would be even better.

Yours sincerely,
Beverley Green

AIMA

Integrating Complementary and Mainstream Medicine

**SUBMISSION TO MEDICAL BOARD OF AUSTRALIA**

**TRICIA GREENWAY**

PUBLIC CONSULTATION ON CLEARER REGULATION OF MEDICAL PRACTITIONERS WHO PROVIDE COMPLEMENTARY AND UNCONVENTIONAL MEDICINE AND EMERGING TREATMENTS

I write as the Consumer Board Member of the Australasian Integrative Medicine Association and as a long-standing community representative on several local, state and national health bodies. I would like to provide my comments to the Medical Board of Australia's Discussion paper on *Clearer regulation of those medical practitioners who provide complementary and unconventional medicine and emerging treatments.*

I am pleased to be able to contribute many gathered perspectives from the numerous consumer, community and regulatory bodies whose functions also include the need to 'protect the public'.

I am not a health professional, my qualifications are in Sociology. My work of many years has been to promote patient empowerment and consumer-driven policy.

Please regard this as a non-compliant submission.

**CONTEXT**

My interest is in the way ever increasing numbers of Australians are choosing to integrate their healthcare management between the different medical paradigms, I have always been driven by the safety implications for all involved.

This interest peaked when in the role of Senior Policy and Planning Manager at Arthritis Victoria (A.V.), people began to confide in me about their various explorations and choices in managing their lifelong conditions. Given this anecdotal data the board at A.V. directed me to develop a response (SAFETY) to this emerging trend. This was seen as part of the policy of self-care that was being encouraged by all chronic illness patient groups.

This work was also informed by the 2008 Ultrafeedback's *HEALTHY AUSTRALIA* Report. This report "explored the diversity of Australian health consumers and what they do with their increasing reliance on the internet or their families and friends for health information".

As such the following steps were taken:

- People were encouraged to discuss fully their medications and treatments with ALL of their chosen health professionals
- Health professionals, particularly GPs, were encouraged to ask, listen, research and willingly discuss all treatments to promote trust and confidence in full disclosure from their patients. This was aided by working with Melbourne and Monash University staff on medical student and undergraduate curriculum development.

[redacted]

These and other activities have served to consolidate for me the importance of the themes of Safety and Respect.

My decision to accept the consumer role on the board of AIMA was because its mission statement reflected what consumers had long expressed; and because the group's constitution stipulates its traditional medical leadership and its insistence on evidence-based medicine. This group is greatly valued for their respect and personal care by their patients.

**For these reasons my submission strongly advocates for OPTION ONE … with ongoing strengthening.**

In an ethos of 'patient-centred' care it is increasingly clear that Australians are choosing the modalities of care referred to in this public consultation. Being able to differentiate between High Risk and Low Risk is critical to understanding of what is needed to keep both patients and health professionals safe, and therefore to developing good policy.

Fortunately much work has been done (and continues to be done) to ensure that high risk issues and behaviours are being actioned both by AHPRA and by a number of patient and medical colleges and speciality groups, as well as consumers themselves. To date it appears that very few high risk issues in front of AHPRA are concerned with harm caused by complementary medicine itself or by those involved in integrative medicine.

Consumers and consumer groups have reported being bitterly disappointed that there has clearly been no informed consumer engagement in the process of developing these guidelines. They are very anxious to be heard even at this late stage.

Given that the process of formal complaints to AHPRA by medical peers are often about their patients' experiences and stories, there are some very ugly examples of patients being 'used' in a very detrimental way that prevents (by the process) their voices being heard. Many of these people told their stories to the Victorian Legislative Council's *Inquiry into the Performance of the Australian Health Practitioner Regulation Agency* and then to the Senate Inquiry into *Bullying and Harassment in the Medical Profession* in 2017.

Recently it was reported to me that in one complaint, where the scope of practice of a specialist was the basis of the notification, the subsequent and very questionable investigation dragged on for a long time. No harm was reported as the basis of the notification. On conculsion of the lengthy investigation this specialist was provided with an apology from AHPRA. This was a painful journey for the specialist but also for his patients. During this time his (very angry) patients were deprived of the doctor of their choice at their time of great need. Further, although their safety was used in the complaint against the specialist, they were not given a voice in the investigation. They were disempowered and silenced. These patients are not alone. There are many consumers who feel totally ignored. Many, however, hope this public consultation is a REAL opportunity to contribute to improvements in the future.

Hopefully the experience recounted above has already seen AHPRA introduce some changes. In regard to handling complaints where integrative medicine, or complementary medicine are involved a very real solution is to widen the band of NON-CONFLICTED EXPERTS charged with providing evidence-based advice to the appropriate regulatory bodies, rather than to develop new guidelines. This should include expanding the band of non-conflicted experts to reduce the reliance on legal entities and to include informed consumer input where appropriate .

The Consumer Health Forum of Australia (CHF) in its recent document *Priorities for the 2019 Federal Election: Making Health Better*, states on p2 that its members were looking for

> "measures that moved us along the path to a consumer-centred health system with consumers being involved in the design and implementation of the future health system"

Also worthy of the Board's consideration is a further recent article in CHF'S Journal *Health Voices* which discusses the issue of balancing imperatives in healthcare.

The author of this piece Dr Jean-Frederic Levesque is the C.E.O. of the N.S.W. Agency for Clinical Innovation and the former head of The Bureau of Health Information.

Dr Levesque writes about the recently developed conceptual framework to guide the distinction between warranted and unwarranted clinical variation. He states:

> "From an evidence perspective deviation can, at first glance, be judged to be unwarranted. However, on closer inspection, variation can be warranted if following appraisal, evidence-based recommendations are adopted in order to respond to context. Variation can also be warranted where there is 'equipoise'- or no clear evidence for the best option."

The diagram to further discuss this model is copied at the end of this letter (see Figure 1). Consumers hope that it reflects many of their concerns to the Board and informs the consultation process and its outcome.

Since joining the AIMA board in 2015 it has been rewarding to see the steps taken to address the issue of the importance of communication to the people integrating their health management strategies.

In 2017 AIMA commissioned a project conducted by consumer think tank, the Health Issues Centre (HIC). It asked the question via Facebook: why people did/did not disclose their health management choices to their AHPRA registered practitioner.

The research found that that the primary reason for non-disclosure was that "33% of respondents believed that their GP would challenge the efficacy of their treatment" further, "almost 31% thought it wasn't relevant".

This report *Research into Patterns of Disclosure for People Choosing Complementary Treatments/Medicines* is available from AIMA.

In an environment of Dr Google it is imperative that attitudes of health professionals are in line with the ACSQHC Charter of Patient Rights. These rights transparently adhered to can greatly improve the confidence needed for full disclosure by patients and of course contribute to their safety.

Further research was followed up by an AIMA Interprofessional Communciation Working Group who have developed a series of communication templates to protect patient safety and foster communication between a patient's chosen health professionals. This respect for patient choice and the important safety involved has been very positively viewed by consumers who commented on:

> "How great it would be not to have to keep on remembering and repeating what to tell."

Other contributions by AIMA, that add to patient safety are the development of a mentored education pathway in integrative medicine which is will be launched at the end of 2019 and a communications course for complementary and allied health practitioners to facilitate better communication with patient's primary care physicians. The communication resource is available from AIMA.

**Recommendation for Option 1**

Improvement in wider and consumer involvement in a co-design process would add considerably to the discussion and would better align with the thinking of the Consumer Health Forum's *Making Health Better* and CSIRO's *Future of Health Strategy*, both of which speak of the great need to further empower consumers at every stage of our health system and "…developing consumer focused health solutions". (see Attached documents)

**Why not voting for Option 2**

At first reading this option is puzzling in that it provides no discernible reason or data why the current system is simply not being strengthened by lessons learnt and ongoing opportunities for meeting the change challenges demonstrated by emerging treatments and patient choices and behaviour.

**Conclusion**

I commend to the MBA the work of the NH&MRC on the enormous benefits and positive outcomes of including informed consumer engagement in all of its processes, particularly in developing policies, guidelines and procedures. This policy is comprehensively supported by NSQHS Standard 2 *Partnering with Consumers.*

As consumers we are want to quote "**It is not about us but with us"** and this discussion is very well timed to introduce this policy priority to the agenda of yet another health body charged with keeping us safe whilst respecting our Charter of Rights.

I agree that my submission can be placed on the Public Register

I am more than happy to clarify or expand on any of the issues raised in this brief submission and can be contacted on [redacted]

Yours Sincerely

Tricia Greenway

AIMA Consumer Board member

[redacted]

[redacted]

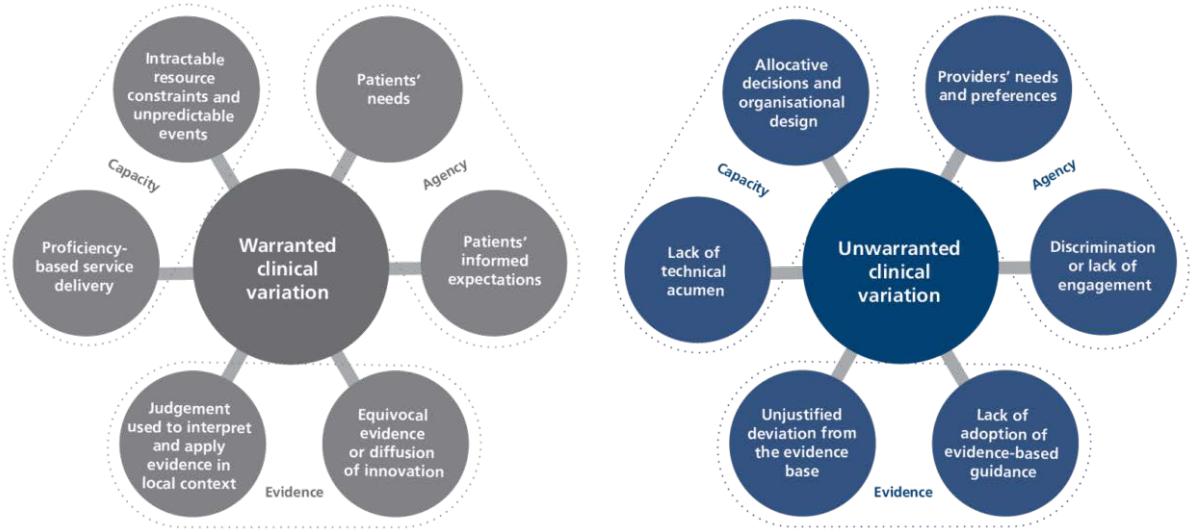
**ATTACHMENTS:**

Figure 1: Schematic of warranted and unwarranted variation

Consumers Health Forum of Australia, *Priorities for the 2019 Federal Election: Making Health Better* 2019

CSIRO Futures, *Future of Health: Shifting Australia's focus from illness treatment to health and wellbeing management* 2018

**FIGURE 1: Schematic of warranted and unwarranted variation**




From: https://healthvoices.org.au/issues/health-literacy-may-2019/balancing-imperatives-in-healthcare/

**From:** Sally Gregoire [redacted]
**Sent:** Tuesday, 14 May 2019 10:37 PM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments

I am writing about a very serious matter that has the potential to severely restrict the use of integrative medicine in Australia.
The Medical Board of Australia is planning to impose greater regulation around the use of integrative, complementary and alternative medicines (CAMs), which will significantly restrain the practice of integrative medicine and the use of CAM modalities.
The Board's public consultation paper on "Clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments" is born of prejudice and ignorance and must be seriously challenged.
The proposal would see a split between conventional doctors and integrative medicine doctors. It would sanction doctors who use safe and effective integrative medicine in their day-to-day practice.
Integrative medicine doctors combine quality conventional medicine with safe and effective complementary medicine to improve health and reduce unnecessary medical treatments.
They embrace prevention as a first principle of healthcare, help manage complex illness and care for patients for whom conventional medicine has not assisted.
The Medical Board already has a strong code of conduct on good medical practice which sets out what is expected of all doctors registered to practise medicine in Australia.
The proposed new draconian regulation is simply unnecessary. It is nothing more than an attack on complementary and integrative medicine.
Furthermore, it is wrong for the Medical Board to group complementary medicine with unconventional medicine and emerging treatments. Complementary medicine is safe and has nothing in common with these treatments.
The Therapeutic Goods Administration has never been able to confirm a single death in Australia that directly resulted from using complementary medicine.
By contrast, it is estimated that there are around 650,000 hospital presentations/admissions1 every year due to medication-related problems.

One of the options that the proposal considers is:
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

I want option one to be selected!
Kind regards

Sally Gregoire
Clinical Hypnotherapist
Advanced Kinesiology
Psychotherapist
EFT & NLP
[redacted]

**From:** Adele Grimes [redacted]
**Sent:** Sunday, 23 June 2019 4:13 PM
**To:** medboardconsultation
**Subject:** Freedom to choose complementary medicine

To whom it may concern

I am very troubled about the decision to try and close down choice, my personal choice, over my body and health, to use herbal, natural or complementary medicine.

I am not against modern medicine, but I do think natural is best and will always try that path first if it agrees with my doctors. As well as my own research.

At least by going to an integrated doctor, if I am low on something like vitamin B, C, D or iron (for example) then I can boost this naturally but also with the correct doseage. I do not wish to overdose or over correct the problem!!

So you see, by limiting these well studied professional doctors in what they can prescribe to people you are putting people in greater risk of doing self harm by self medicating!!

My integrative doctors practice has also brought up a few points which they are concerned about. These include:

- The grouping of integrative medicine with 'unconventional medicine' and 'emerging treatments' may create the impression of being "fringe" rather than evidence-based
- That many of the terms used in the rationale such as 'unconventional medicine', 'inappropriate use' and 'emerging treatments' leads to ambiguity and uncertainty
- That the term 'complementary medicine' also includes access to traditional medicines
- No evidence produced in the discussion paper quantifies risk in practicing complementary or integrative medicine vs 'conventional' medicine
- That there was NO consultation with the Integrative Medicine or complementary medicine community before the document's release
- That the current Good Medical Practice: A Code of Conduct for Doctors in Australia already adequately regulates doctors' practise and protects patient safety. There is no need or justification for a two-tiered approach
- That the right of patients to determine their own medical care is under threat
- That the lack of clarity on how to determine what is 'conventional' versus 'unconventional' can be misused by people with professional differences of opinion which results in troublesome complaints

Thank you for hearing my concerns and taking them into consideration.

Sincerely
Adele Grimes

**From:** Vanessa Grinvalds [redacted]
**Sent:** Sunday, 7 April 2019 3:56 PM
**To:** medboardconsultation
**Subject:** Consultation on complimentary and unconventional medicine and emergin treatments

As a consumer of health care and integrative medicine I am alarmed and concerned regarding the proposed guidelines. I am most strongly in opposition to the grouping of integrative medicine with 'unconventional medicine' and 'emerging treatments'

No evidence produced in the discussion paper quantifies risk in practicing complementary or integrative medicine vs ‘conventional’ medicine.

It is beyond understanding why best medicine wouldn't include an integrative approach!

As consumers we have a right to determine our own care... this should not be dictated to us by the medical profession..

Regards
Vanessa Grinvalds

**Public Consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments**

**To:** The Medical Board of Australia

**From:** Milva Guarino

**Telephone:** [redacted]

**E-mail:** [redacted]

**Website:** Nil

**Date:** 10 June 2019

## Consultation

I, Milva Guarino, appreciate the opportunity to participate in providing comments on the Medical Board of

Australia's recent public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments.

It is noteworthy the MBA has undertaken an open and transparent consultation with all stakeholders to allow a considered and impartial document to be produced. I support the MBA continuing with its current code of Good Medical Practice, rather than producing an additional guideline document as an outcome of this consultation.

***Question 1 – Do you agree with the proposed term 'complementary and unconventional medicine and emerging treatments'? If not, what term should be used and how should it be defined?***

• Grouping the practice of integrative medicine (IM) with phrases 'unconventional medicine' and 'emerging treatments' implies that IM is fringe rather than an evidence-based and vital adjunct within the practice of healthcare.

• Grouping three disparate areas together in this proposal – complementary, unconventional and emerging is not scientific, and incorrectly aligns each area with the same degree of potential harm or risk.

• The inclusion of the umbrella term 'complementary medicine' in the proposed guidelines without an accepted definition presents a further problem. Internationally-recognised and nationally accepted definitions should be used in the proposed document being consulted on by the MBA. The definitions should be agreed to be government and key stakeholders from representative industry bodies such as the Therapeutic Goods Administration (TGA), Complementary Medicines Australia (CMA), the National Institute of Complementary Medicines (NICM) and the Australasian Integrative Medicine Association (AIMA). Current definitions include:

**Definition of complementary medicines by the Therapeutic Goods Administration (TGA)[1]**

*In Australia, medicinal products containing such ingredients as herbs, vitamins, minerals, nutritional supplements, homoeopathic and certain aromatherapy preparations are referred to as 'complementary medicines' and are regulated as medicines under the Therapeutic Goods Act 1989.*

**Definition of traditional and complementary medicine by the World Health Organization (WHO)[2]**

**Traditional medicine (TM):**

*Traditional medicine has a long history. It is the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.*

**Complementary medicine (CM):**

*The terms "complementary medicine" or "alternative medicine" refer to a broad set of healthcare practices that are not part of that country's own tradition or conventional medicine and are not fully integrated into the dominant healthcare system. They are used interchangeably with traditional medicine in some countries.*

**Traditional and complementary medicine (T&CM):**

*T&CM merges the terms TM and CM, encompassing products, practices and practitioners.*

**Definition of Integrative Medicine by Australasian Integrative Medicine Association (AIMA).[3]**

*Integrative medicine is a philosophy of healthcare with a focus on individual patient care. It combines the best of conventional Western medicine with evidence-based complementary medicine and therapies.*

*Integrative Medicine reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, health care professionals and disciplines to achieve optimal health and healing.*

*It takes into account the physical, psychological, social and spiritual wellbeing of the person with the aim of using the most appropriate, safe and evidence-based treatments available.*

• There are many definitions of "integrative" and "complementary" healthcare, but all involve bringing conventional and complementary approaches together in a coordinated way. These definitions should be considered to be harmonious with national and international terminology.

***Question 2 – Do you agree with the proposed definition of 'complementary and unconventional medicine and emerging treatments'?***

• These terms 'unconventional medicine', 'inappropriate use' and 'emerging treatments' are not adequately defined which creates ambiguity and uncertainty.

• The term 'complementary medicine' also includes access to traditional medicines which is defined as a basic human right in Australia and by the World Health Organization.

• The amalgamation of three disparate groups into a single definition incorrectly implies they have many commonalities, which they do not. The only apparent component of the definition that provides cohesion is that the MBA sees these practices as non-conventional. This makes the definition political and therefore not scientific as it revolves around the concept of what evidence based medicine is in this age of evidence-based practice.

• More than two thirds of the Australian population use complementary medicines as a part of their self-care,[4] and it's estimated that one third of general practitioners incorporate some aspects of complementary medicine within their medical practice, therefore it could be argued that this constitutes current conventional medicine. The MBA would need to define conventional medicine to ascertain if this political definition has validity. The lack of clarity on how to determine what is 'conventional' versus 'unconventional' can be misused by people with professional differences of opinion.

• Complementary medicines, for the purpose of this consultation should be defined as, medicinal products containing such ingredients as certain herbs, vitamins and minerals, nutritional supplements, homoeopathic medicines and aromatherapy products and are regulated as medicines by the Therapeutic Goods Administration (TGA) under the Therapeutic Goods Act 1989.

• The terminology used should be nationally and internationally accepted, and agreed to amongst various industry stakeholders as outlined in response to Question 1. This assists in adopting a standardised process that can be transferred across different states and territories of Australia as well as internationally. Such standardised terms provides ease of communication across different frontiers.

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

• There is no evidence produced in the discussion paper that quantifies risk or relative risk in practicing complementary medicines.

• Complementary medicines as defined in response to question 2, are regulated by the TGA and are low-risk under the therapeutic goods regulatory framework[5] and must be articulated separately from treatments or other alternative therapies for the purposes of this consultation.

• The reporting of Adverse Drug Responses (ADRs) via the Therapeutic Goods Administration shows that only 1% of ADRs are from complementary medicines, suggesting that the relative risk is low and does not warrant the proposed guidelines. These figures are reflective of similar patterns of adverse events reported in Singapore (considered by the TGA to be a comparable overseas regulator). According to a retrospective study of reported adverse events due to complementary health products between 2010 and 2016, only 0.6% were associated with complementary health products – with the remainder linked to chemical drugs, vaccines and biological drugs. This further reinforces the relative low risk of these forms of therapies.[6]

• The World Health Organization's Traditional Medicine Strategy 2014-2023 devotes attention to prioritising health services and systems including traditional and complementary medicine practices and practitioners.[7] Therefore the proposed guidelines could be perceived as being contradictory to the aims and objectives of the WHO strategy, violating the human rights of all Australians, particularly indigenous peoples.

***Question 5 – Are safeguards needed for patients who seek complementary and unconventional medicine and emerging treatments?***

• All aspects of the proposed guidelines are adequately covered through the existing "Good Medical Practice: A Code of Conduct for Doctors in Australia" as seen by the detailed analysis in Appendix 1, performed by the Australasian Integrative Medicine Association (AIMA) and included in their letter to Dr Anne Tonkin on 20th March, 2019.

• The structure of the proposed guidelines which specifically divides the scope of intent into "guidance for all registered medical practitioners" and then "Guidance for registered medical practitioners who provide complementary and unconventional and emerging treatments' creates a two-tiered divisive system which is open to being challenged, onerous, restrictive and anti-competitive. This may in turn, impact service availability, additional costs to the patient, and restriction of consumer choice.

• A review conducted by the Australasian Research Centre in Complementary and Integrative Medicine, based at the University of Technology Sydney, determined that two thirds of complementary medicine users don't inform their healthcare provider about their use.[8] This was linked to the patient's perception of the level of knowledge and acceptance by their healthcare provider, and to their fear of being judged. By enforcing an additional set of guidelines the implication is that these therapies are 'unconventional' which could serve to further perpetuate this consumer concern. This in turn, presents safety implications whereby the lack of disclosure could lead to unwanted side effects, nutrient/herb/drug interactions, or reduced treatment effectiveness. These are all risks that can be easily managed if the patient feels comfortable and is encouraged to share their use with all of their healthcare professionals. As the code highlights there are many ways to practice medicine in Australia, reflecting a linguistically and culturally diverse society of which the core tasks of medicine are caring for people who are unwell and seeking to keep people well.

***Question 6 – Is there other evidence or data that may help inform the Board's proposals?***

There is additional concern that the proposed guidelines have not been developed in conformance with COAG principles for best practice regulation as there is no evidence presented in these guidelines on the 'magnitude (scale and scope) of the problem', there is no demonstration that the current guidelines are inadequate nor any cogent argument given as to the need for additional regulation. Also of concern is the Board's attempt to pre-justify a preferred solution stating 'the Board prefers Option 2'.

## Conclusion

We support that the current regulation (i.e. the Board's Good Medical Practice) of medical practitioners who provide complementary and unconventional medicines and emerging treatments (option 1) is adequate to address the issues identified and protect patients. The proposed guidelines are unnecessary and provide no added value in terms of patient safety or clarity of practice for doctors.

I appreciate the MBA consideration of the points I have raised in this document and look forward to a positive outcome where the final document represents the comments and concerns from all stakeholders including those shared here.

1. Therapeutic Goods Administration. An overview of the regulation of complementary medicines in Australia. Available from: http://www.tga.gov.au/industry/cm-basics-regulation-overview.htm
2. World Health Organization (WHO). WHO traditional medicine strategy: 2014-2023. Geneva, Switzerland 2013. Available from http://www.who.int/medicines/areas/traditional/definitions/en/
3. Australasian Integrative Medicine Association. What is Integrative Medicine? Available from https://www.aima.net.au/what-is-integrative-medicine/
4. NPS Medicinewise, NPA Annual Consumer Surveys: Findings about complementary medicine use, 2008, available at: http://www.nps.org.au/about-us/what-we-do/our-research/complementary-medicines/npsconsumer-survey-cms-use-findings
5. Therapeutic Goods Administration. An overview of the regulation of complementary medicines in Australia. Available from: http://www.tga.gov.au/industry/cm-basics-regulation-overview.htm
6. Xu Y, Dhavalkumar N, et al. Retrospective study of reported adverse events due to complementary health products in Singapore from 2010 to 2016. Front Med (Lausanne) 2018;5:167.
7. World Health Organisation (WHO). WHO traditional medicine strategy: 2014-2023. Geneva, Switzerland 2013. Available from http://apps.who.int/iris/bitstream/10665/92455/1/9789241506090_eng.pdf
8. Foley H, Steele A, Cramer H, Wardle J, and Adams J. Disclosure of complementary medicine use to medical providers: a systematic review and meta-analysis. Scientific Reports. 2019:9; 1573.

**From:** [redacted]
**Sent:** Thursday, 2 May 2019 4:04 PM
**To:** medboardconsultation
**Subject:** Integrative Doctors

To whom it may concern,

I am emailing to express my concern that you are looking to limit and control what integrative doctors can prescribe and, by doing this, are therefore looking to control and monitor their practice. As someone who regularly sees an integrative doctor with great success and improvements to my illness, having seen no success from my regular GP, I feel that this is an abhorrent limitation on my rights to seek the appropriate medical attention. To put these limitations in place is to not only deny my individual rights, but will also deny thousands of other patients their rights to appropriate treatment and also to those professionals who have worked very hard to gain their accreditation in their respective field.
I request option one.

Kind regards,

Tash Guthrie.

[redacted]

Dr Anne Tonkin
Chair, Medical Board of Australia
GPO Box 9958
Melbourne
VICTORIA 3001

By email: medboardconsultation@ahpra.gov.au

Dear Dr Tonkin,

## Public Consultation Paper on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments - Submission

## SUBMISSION

### 1. Breadth of definition of "complementary and unconventional medicine and emerging treatments" and implications thereof.

The broader the definition of "complementary and unconventional medicine and emerging treatments", the more substantial the impact may be of the proposed change(s).

The definition that the Discussion Paper ("the Paper") adopts for "complementary and unconventional medicine and emerging treatments" (which I shall abbreviate in this submission to "unconventional medicine") is that they "include any assessment, diagnostic technique or procedure, diagnosis, practice,[1] 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."

This is a very broad definition. Hence the impact of the proposed change(s) may be very substantial. Hence substantial caution is called for before making any such change(s).

### 2. Importance of applying precautionary principle before considering change to status quo

An important principle that ethically must be applied is the precautionary principle.

Pursuant to that principle, the status quo (in this case, Option 1) ought to be maintained unless it can be properly scientifically demonstrated that the benefits of a change (in this case, Option 2) outweigh its risks.

Accordingly, importantly, for there to be any particular change(s) from the status quo,

(1) given the fact that the status quo has already been challenged over an extensive period of time, then for there to be a significant risk of harm arising from it, it is reasonable to expect that there would need to already exist solid evidence of a reasonably significant degree of harm having already been caused of an identified nature by identified circumstances within the status quo, and

[1] **Practice** means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of these guidelines, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

(2) there would need to be solid evidence and/or argument that:

(a) the proposed particular change(s) (Option 2) will be effective in going some way towards overcoming the risk of future harm of the nature identified in (1), and

(b) any harm that the proposed particular change(s) (Option 2) may cause can be confidently predicted to be low enough to be outweighed by the benefit(s) of the proposed change(s).

Addressing these points in turn,

**(1) Is there solid evidence of reasonably significant harm having been caused of an identified nature by identified circumstances within the status quo?**

The Paper refers to "concerns" about types of harm that purportedly theoretically *might* occur as a result of the continuing with the status quo.

It also lists, under the heading "*Complaints as a source of information"*, subject areas in relation to which "*complaints*" have purportedly been made.

However the Paper fails to include for consideration in this review any evidence of reasonably significant harm having been caused of any identified nature by identified circumstances that exist within the status quo.

This is in spite of the widespread use of unconventional medicine. The Paper admits:

> *"A large proportion of consumers (more than two-thirds), report using complementary medicines.[1]"*

**Concerns**

With respect to concerns that have been expressed, these need to be received with caution in light of the conflicting interests that may be the motivating factors for such concerns.

In particular, there are very powerful vested interests in the continuation, indeed the maximization of domination, of provision of "conventional" medical services. These services include, inter alia, the prescription of conventional medications, provided by very sizeable and hence highly influential pharmaceutical companies. Overall it is the same influence that has contributed to the prescription of such medications being considered part of "conventional" practice in the first place.

**Complaints**

With respect to "complaints" that have been made, the only complaints that may be taken seriously are those made by those paying for and receiving the medical services. Those people are the clients, who are primarily, ultimately, patients.

With respect to "complaints" by patients,

- it is a well known fact in all service industries, that regardless of how high quality the service may be, there will always be some complaints. This is because it is the very nature of some people to complain, regardless of how high the quality actually is of the service that they receive, and
- there is also the potential for an *agent provocateur*, in truth acting as an agent for conflicting interests that are tied to conventional medicine, to pose as a patient in order to cause trouble for a practitioner practicing unconventional medicine.

Hence the receipt of complaints would be significant only if there is a relatively high rate of complaints from demonstrably genuine patients regarding one or more unconventional treatments, compared to the rate of complaints received regarding conventional treatments.

Again, a reasonably significant level of harm would also need to have already arisen as a result of the relevant health practitioner's' acts of commission or omission that are the

subject of complaint(s). Evidence of such harm having occurred has not been included in the Paper.

Notwithstanding that failing,

**(2) Is there solid evidence and/or argument that**:

**(a) the proposed particular change(s) (Option 2) will be effective in going some way towards overcoming the risk of future harm of the nature identified in (1)?**

No scientific studies have been presented in the Paper providing any evidence to this effect.

**(b) any harm that the proposed particular change(s) (Option 2) may cause can be confidently predicted to be low enough to be outweighed by the benefit(s) of the proposed change(s), i.e. by the reduced risk of future harm of the nature identified in (1)?**

With respect to this subject, the status quo is that conventional medicine already enjoys being favoured over unconventional medicine by way of linked financial benefits. This in itself has indisputably reduced patients' freedom of choice of health care.

The latest legislative changes in that direction are only recent. So its effect, especially its long term effect on public health, remains effectively untested.

Any increase in restrictions applied to unconventional medical practice, which increases are not equally applied to conventional medical practice, will even further, in effect, reduce to patients the availability of unconventional medicine compared to conventional medicine.

Hence the use of conventional medicine can reasonably be expected to increase.

Hence any harm associated with the use of conventional medicine can reasonably be expected to increase.

In order for Option 2 to be the more favourable option, it needs to be demonstrated that such increase in harm caused by the increased favouring of conventional medicine will be outweighed by the benefit. So what would be the level of increase in such harm?

**How much harm already is caused by conventional medicine?**

There appears to be an inbuilt assumption in the Paper that conventional medicine has a high standard of already scientifically demonstrated safety and effectiveness. However, the Paper provides no foundation for that assumption.

Indeed to the contrary, it is well established that:

(a) a significant number of patients suffer significant harm from conventional medicine, administered in accordance with "accepted" standards.

The Australian Institute of Health and Welfare found in 2011-12 almost 340,000 Australians suffered an adverse event in a public hospital and a further 150,000 had a health mishap in a private hospital.[2]

(b) when (conventional medicine) doctors go on strike the death rate falls[3], and

(c) there is very questionable science behind many accepted conventional treatments. Even in the case of any research that scientifically, properly demonstrates that a particular drug achieves a particular target of reducing particular symptoms, it still may be the case that the use of that drug over the longer term will cause more harm than benefit to the intended target category of patients. The number of adverse effects as described in (a) above of conventional medicine is clear evidence that it is grossly inadequately tested.

These facts inevitably lead to the real possibility that any increased favouring of conventional medicine may accordingly increase such associated harm.

Hence, given the substantial risk of harm by conventional medicine, and the lack of evidence provided in the Paper of anywhere near comparable harm caused by unconventional medicine, it is a challenging task to prove that resultant increase in associated harm arising from implementation of Option 2 would be outweighed by the benefits of implementing that option.

No scientific studies have been presented in the Paper that meet that challenge by providing any evidence to that effect.

### 3. Inequity of standards between conventional and unconventional medicine can only be against patients' best interests.

A proper, scientific weighing of risk versus benefit must be applied in the case of all disciplines, both conventional and unconventional.

However, many of the standards described in the Paper for application to unconventional medicine are not being applied in the practice of conventional medicine.

For example, patients of conventional medicine are not being properly informed about the level of risk and inadequate testing of conventional treatments, such as are described in the previous paragraph.

Yet Option 2 seeks to increase the imposition of such standards upon the practice of unconventional medicine without setting the same standards for conventional medicine.

To have a higher set of standards for one category of medicine over another can only lead to the favouring of the practice of one type of medicine over the other, and hence a reduction in the freedom of patients to choose between them.

Since conventional medicine is politically dominant health system, it is vital that its serious problems, such as are described in the previous section under the heading "*How much harm already is caused by conventional medicine?"* are addressed before any such changes as proposed in this review are implemented that inevitably could only further push patients in the direction of conventional medicine.

### 4. No ultimate overseeing entity can reliably judge science and the ultimate value of any medical treatment. The most reliable judge is the patient

It is disturbing that the Paper frequently uses words such as "proven", "accepted", "reasonable", "experimental", "usual", "appropriate" etc and their opposites.

Who is to judge what is "proven", "reasonable", ought to be "accepted", etc? This is not identified.

In the research and application of science, the authority to make any such judgment cannot validly be entrusted to any group of people. Nobody "owns" science.

The best and least corruptible test of the value of any form of medical practice is its uptake by patients. The best and least corruptible judgment of patients' health is patients' own assessment of their health – how they feel, in the short, medium and long term.

Based upon these judgments, patients vote with their feet. Provided they have full freedom of choice, it is patients who will ultimately choose the best quality form of treatment available for them as individuals.

Notably, is in spite of the political, financial and social pressure upon people to stick to conventional medicine, *more than two-thirds of consumers report using complementary medicines"*[1] (acknowledged in the Paper itself) Why? That is a clear message of consumer

dissatisfaction with the standard of care from conventional medicine. It is a clear message that consumers do not want their freedom to use unconventional medicine restricted any further.

Yet any such increased favouring of conventional compared to unconventional medicine, which would be the inevitable outcome of Option 2, imposes upon patients' freedom to "vote" for their preferred choice of medical practice.

Hence the implementation of Option 2 can only further restrict patients' ability to freely attain the highest level of health that is possible for them as individuals.

Hence the implementation of Option 2 would counter what is supposed to be the ultimate purpose of the medical system.

Hence, on the basis of presently available information, Medical Board is ethically obliged to choose Option 1.

Submitted by

Bronwyn Hancock
30 June 2019 (amended 4 July 2019)

**References**

**1** NPS Medicinewise, *NPS Annual Consumer Surveys: Findings about complementary medicines use*, 2008, available at: http://www.nps.org.au/about-us/what-we-do/our-research/complementary-medicines/nps-consumer-survey-cms-use-findings

**2** An example: *Why are hospitals are making us sick?,* Sue Dunlevy, News Limited Network, May 10, 2013 http://www.news.com.au/national-news/why-are-hospitals-are-making-us-sick/story-fncynjr2-1226639729615

**3** British Medical Journal 2000;320:1561 (10 June) https://www.bmj.com/content/320/7249/1561.1.full

**From:** [redacted]
**Sent:** Thursday, 4 April 2019 12:51 PM
**To:** medboardconsultation
**Subject:** 'Consultation on complementary and unconventional medicine and emerging treatments'

To whom it may concern

I wish to say I do not support the Medical Board of Australia developing a separate guideline for medical practitioners who provide complementary medicine advice (CM). The rational of grouping CMs, a system based in evidence and a valid integrative form of healthcare with 'unconventional medicine' and 'emerging treatments' is incongruous. The current 'Good Medical Practice Code of Conduct' should remain the principle basis to support safe practices and safeguards to patients.

The Medical Board of Australia maintains the current 'Good Medical Practice Code of Conduct' for Doctors in Australia as a basis for providing good patient care, including when providing complementary medicine advice to patients.

Regards
Catherine Hancock
[redacted]

[redacted]

**From:** [redacted]
**Sent:** Wednesday, 22 May 2019 5:15 PM
**To:** medboardconsultation
**Subject:** 'Public consultation on complementary and unconventional medicine and emerging treatments'

To whom it may concern
Doctors should be able to treat patients in the manor they see as best practice without the fear of government backlash. Doctors who choice to use complementary medicines generally do so after their own research shows it to be an effective treatment. We should be encouraging doctors to seek treatments that offer the least risk to their patients and offer the best benefits.
Personally with out the use of complementary medicine I was very sick and my intergrative doctor has managed to reverse my illness with the use of complementary medicines that conventional medicine had no answers for and was making me sicker.

Regards
Catherine Hancock

**From:** [redacted]
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments
**Date:** Sunday, 30 June 2019 11:21:05 PM

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Dear Doctor/Sir/Madam,

As a currently practising medical doctor in general practice, I would ask that the MBA maintain the current 'Good Medical Practice Code of Conduct' for Doctors in Australia as the basis for providing good patient care, including when providing complementary medicine advice to patients. First and foremost I believe in the motto of 'do no harm', and as the majority of our patients are asking about, and in fact using, complementary medicines it behoves us as doctors to be able to provide safe advice to our patients. This includes advice, as appropriate, regarding the use of these complementary and emerging treatments.

Yours faithfully,

Dr RJ Hanton MB, BS

**From:** Rama K Haridas [redacted]
**Sent:** Wednesday, 26 June 2019 1:57 PM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments

According to so many research, "Conventional medicine is objective and Complementary medicine is subjective"
Alternative medicine emphasizes *whole-body* care, addressing not just the disease but the root cause of the disease.

I have chosen to see Integrative Medicine doctors because I want more from my doctor. More time. More understanding of causes of illness. More power to understand the ways in which I can improve my health to reduce my need for drugs, surgery and medical appointments. My Integrative Medicine doctor provides these for me in a way that 10 minute consultations with doctors cannot.

Rama

**From:** Jessica Harris [redacted]
**Sent:** Friday, 8 March 2019 2:31 PM
**To:** medboardconsultation
**Subject:** Public consultation on complementary and unconventional medicine and emerging treatment

To whom it may concern

Complementary medicine was the only form of medicine that was able to assist my family where mainstream/conventional medicine failed... to remove or restrict this health option is to impinge on our basic human rights. Why are you doing this? Why is the AMA so afraid of natural and integrative medicine? It's been around for thousands and thousands of years, and yet you seem to think that the ONLY effective form of medicine is that which we have created in the last hundred or so years. Mainstream medicine is incredible. There is no question. It isn't the only form of medicine though, and it isn't the best type of medicine. Please allow integrative doctors to keep doing what they're doing. They are helping people where mainstream medicine has failed. Please leave our right to choose alone. Last time I checked Australia wasn't a dictatorship. Stop trying to make it one.

Jessica Harris

**From:** Kerry Harris
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments
**Date:** Monday, 17 June 2019 10:31:51 AM

To the Executive Officer
AHPRA
Dear Dr Tonkin,
In response to the questions for consideration in the Public Consultation Paper.

1. I do not agree with the proposed term “complementary and unconventional medicine and emerging treatments”. The term is vague, and if adopted will not identify to whom it is referring and may lead to confusion. The document does not clearly define what practises would be covered by each term, and by grouping them together it suggests that it would be treated the same way. Including emerging treatments is also a concern. Without practitioners (and patients) willing to keep abreast of publications and new developments from overseas, our treatment will stagnate. We are already several years behind other nations in our treatment of many diseases and conditions, and if the Medical Board discourages any practitioner from looking at emerging treatments will be even further behind.
2. Since I do not agree with the term, I also have concerns about the definition of the term. The term “conventional medicine” is not defined, so it is not possible to determine what is included in this and what it does not include. What I was taught at medical school was very different to what was taught there 10, or even 5 years before. So by definition, conventional medicine evolves over time. Many normal doctors, practising in normal clinics, will prescribe off-label if it is required by the patient. In a media release last month, it was reported that 101,174 children had been prescribed antidepressants in the last financial year – and these are all off-label. These are not complementary or unconventional doctors, these are GPs and psychiatrists – certainly in the realm of conventional medicine. Many of my patients are discharged from hospital on antipsychotics to help mood or sleep – this is off-label prescribing and is being done by very conventional hospital doctors. 2/3 of all patients report using complementary therapies, and nutritional doctors are well placed to be able to advise patients about this, and making sure that it is being done safely.

3. All doctors are required to work under the guidelines of the code of conduct already in place, Good Medical Practice: A Code of Conduct for Doctors in Australia. This already adequately regulates doctors' practise and protects patient safety. There is no need or justification for a two-tiered approach
4. All treatments and behaviours of doctors need to be monitored by the board, not just doctors who fit into the categories you have identified (but not defined). Patient safety is priority.
5. There are safeguards in place for these patients already. The patients who seek out doctors with additional training in Nutritional and Environmental medicine do so because their condition is not being adequately managed by the existing medical paradigm. Patients with conditions like chronic fatigue/myalgic encephalomyelitis, multiple chemical sensitivity, fibromyalgia, complex regional pain syndrome, depression and anxiety refractory to treatment have very few treatment options. These patients should be free to choose the type of care that they wish to receive, as it is their right to do so. Long gone are the paternalistic days of medicine where the doctor knew all, and the patient was a passive recipient.
6. Evidence may include the number of adverse reactions from drugs, even when prescribed and taken in the correct way, compared to the number of adverse reactions from patients who have been given dietary advise, or an exercise prescription, or having acupuncture, or supplements by a suitably qualified person. Nutritional and environmental medicine is significantly safer than “normal” medicine as we empower the patient to make changes to their lifestyle, that their other practitioners may not have had the time to discuss.

Nutritional medicine is evidence based. Doctors who practise Nutritional medicine not only have a Medical degree, and a Fellowship from a recognized college, but also further post graduate training in Nutritional and Environmental medicine. Many have completed their fellowships, and continuing medical education through multiple colleges to keep up with the latest developments in treatment.

I do not believe there needs to be any changes to the current guidelines as all doctors are currently bound by the Good Medical Practice: A Code of Conduct for Doctors in Australia. This document outlines acceptable behaviours for all doctors working in medicine. To adopt Option 2 would mean there is a two tiered system requiring one group of medically trained doctors to undergo increased scrutiny when compared to another group of medically trained doctors. I prefer Option 1.

Dr Kerry Harris

BMBS BSc(hons) FRACGP FACNEM

[redacted]

**From:** Chantal Harrison [redacted]
**Sent:** Tuesday, 2 April 2019 5:34 PM
**To:** medboardconsultation
**Subject:** Public consultation on complementary and unconventional medicine and emerging treatments

To whom it may concern,

I am so shocked and disappointed in recent legislation restricting our choices when it comes to integrative medicine. Everyone should have the right to choose in which way they want to be treated, not only that but people use complimentary methods to offset the known side effects of drugs they may be forced to take within the confines of unavoidable medical intervention.

Then there's also the fact that these practitioners have worked and studied hard to practice these treatments and distribution of therapies and medicines and it's incredibly unfair to direct their income away by putting restrictions on the industry.

I hope you guys seriously reconsider the current stance!

Thanks,
Chantal

**From:** Phoebe Haselden [redacted]
**Sent:** Wednesday, 10 April 2019 12:42 PM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments

To the Medical Board,

In regards to the recent "*Clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments*" .

I am writing to you to express my very definite option choice, that being...

*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.*

If it wasn't for my Integrative practitioners, I would be in a very different place to the happy/healthy space I am now.

I wish to maintain our society's right to access Integrative Medicine.

Regards,
Phoebe

Submission in response to the Medical Board of Australia's public consultation paper on whether clearer regulation is required of medical practitioners who provide complementary and unconventional medicine and emerging treatments.

Unfortunately I have only just come across this consultation and I leave for overseas tomorrow and will be back after your closing date for submissions. Otherwise I would submit a more comprehensive submission than this. Therefore I will submit only some dot points.

- My interest in making a submission is as a [redacted]-year-old who has been a patient of a range of doctors and other practitioners for most of those years. I have dealt with good and bad doctors and I have dealt with good and bad non-medical practitioners.

- My first comment relates to these concerned 'stakeholders' who appear to be responsible for this consultation, in what is essentially, an attempt to shut down certain types of treatment which do not appeal to them. Luckily, these 'stakeholders' are able to stay anonymous.

- It appears you have already made up your mind as to what the recommendations will be. It's Option 2. In that sense the consultation is simply part of the procedural process before you can implement Option 2. It seems also to be a process also of having the rules of your organisation aligned with others.

- The key failure of your consultation paper is it's total lack of quantitative information. (Unless I have missed an appendix.) You have provided some examples of fairly inappropriate medical advice that has resulted in poor patient outcomes; either physically or financial or both. Do these represent .001 or 1 percent of such consultations?

- And how do these examples compare with 'conventional' medicine? My understanding of 'conventional' medicine is that it is not risk free. Many people die of treatment using conventional medicine. In both cases there should be a better management of expectations.

- Needless to say I don't agree with lumping 'complementary, unconventional medicine and emerging treatments' together. It's a one size fits all approach in what is a fairly rapidly changing knowledge base.

- It's also a very Australian medical establishment way of viewing what is acceptable medicine. I've always found it quite amazing the way the Australian medical establishment takes such a dim view of experience and research from others overseas. It's very blinkered.

- While acupuncture is no doubt be circumscribed in conventional Australian medicine why does this position ignore hundreds, if not thousands of years of this modality in China?

- I'm about to go to Germany where some of what passes as conventional medicine there would be viewed as witchcraft by many Australian doctors and certainly the medical establishment in Australia.

- I wonder what truths the Australian medical establishment holds that the rest of the world has yet to discover.

Also, remember this is Australia, not China. I'm referring to the idea of freedom.

Bryan Havenhand
23 June 2019

**From:** Colin Hayes [redacted]
**Sent:** Saturday, 29 June 2019 2:23 PM
**To:** medboardconsultation
**Subject:** Fwd: Consultation on complementary and unconventional medicine and emerging treatments

>> To Whom It May Concern
>> This is my submission in this matter.
>> Yours Sincerely
>> Colin Hayes
>>
>>>
>>>
>>>>
>>>> I choose Option 1..."no new regulations are required for doctors
>>>> practising in areas of complementary medicine and integrative
>>>> medicine."
>>>> I have chosen to see Integrative Medicine Doctors because : * I
>>>> want to be involved in my own care and this requires additional
>>>> consultation time and training.
>>>> *Conventional medicine has provides no answers for me and I needed
>>>> wider ranges of diagnosis and treatment options.
>>>> *I have been harmed by conventional medicine and it's treatments
>>>> and I needed to find others options.
>>>> *I prefer a non-drug approach for managing my family's and my own
>>>> health or illnesses.
>>>> *I want more time with my Doctor and I expect more than just a
>>>> brief consultation. How can complex health issues be dealt within
>>>> short consultation times.
>>>> I am concerned with these proposed regulations because: * There is
>>>> no demonstrated need to regulate Integrative or Complementary Medicine.
>>>> These are safe practices.
>>>> *The only thing that should concern the Medical Board of Australia
>>>> is safety and the Chair has publicly said this should not be a
>>>> decision left up to me *The Medical Board of Australia includes
>>>> members of the Friends of Science in Medicine which is a political
>>>> lobby group opposing Complementary Medicine an Integrative
>>>> Medicine. This is a clear conflict of interest. This whole process
>>>> should be cancelled and commenced from the beginning with the
>>>> members of the Friends of Science in Medicine lobby group excluded
>>>> from board participation.
>>>> *There has been no transparency in the consultation process.
>>>> Freedom of information requests as to how these proposals
>>>> originated have been denied or redacted. The Medical Board of
>>>> Australia has acted in secrecy and has failed to disclose the details of why the new
>>>> regulations.

**From:** Sarah Hayes [redacted]
**Sent:** Wednesday, 22 May 2019 2:46 PM
**To:** medboardconsultation

Request option 1.

To Whom this may concern,

I want to express my concerns with having alterations to the way an integrated doctor can prescribe to patients. The normal medical doctors failed me and it wasn't until I saw an integrated doctor was I able to get better. It is my right as a human being and an Australian born citizen to choose who I seek medical care from. The current system fails most people, treating the symptom and not the cause of disease. It is an industry based around keeping people sick and patients for life on pharmaceutical drugs. It is simply just keeping the pharmaceuticals companies rich, and those who receive benefits from prescribing their drugs, not to mention the government incentives to keep them in business. It is all based around money and greed.

If limitations are placed on Integrated doctors then I will have no one who can help me in the future. I see no reason to have choices when I comes to my health care.

Tks
Sarah Hayes

**From:** J Healey [redacted]
**Sent:** Thursday, 4 April 2019 1:42 PM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments

Dear Members of the Medical Board

Regarding your consultation paper - Clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments - I would like you to select OPTION 1.

I would like to bring your attention to the fact that many medical practitioners who do not consider themselves as integrative medical practitioners regularly suggest safe and effective complementary medicines to patients, a medical prescription not being needed for many readily available such medicines.

It is my understanding that all medical practitioners have a strict code of ethics, which they observe for any treatments they use, including safe and effective complementary medicines. I expect nothing less. Unconventional medicines and emerging treatments are in a different category from complementary medicines and I would trust that guidelines for their use by medical practitioners are equally covered by the Board's Code of Ethics. I consequently believe no greater regulation is needed for any medical practitioner.

Kind regards
Jean Healey

**From:** Jill Healy-Quintard [redacted]
**To:** medboardconsultation
**Cc:** [redacted]
**Subject:** I choose IM
**Date:** Friday, 28 June 2019 12:10:26 AM
**Attachments:** [redacted]

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**To whom it may concern.**

**RE: Integrative Medicine**

I choose Integrative Medicine and have done all my adult life.

The results have been amazing for myself and my family.

I am against being dictated to regarding choices for my own and my family's health and wellbeing.

***Jill Healy-Quintard***

[redacted]

**Public Consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments**

**To:** The Medical Board of Australia

**From:** Clive Heath

**Telephone:** [redacted]

**E-mail:** [redacted]

**Website:**

**Date:** 26/06/2019

## Consultation

I, Clive Heath, appreciate the opportunity to participate in providing comments on the Medical Board of Australia's recent public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments.

It is noteworthy the MBA has undertaken an open and transparent consultation with all stakeholders to allow a considered and impartial document to be produced. I support the MBA continuing with its current code of Good Medical Practice, rather than producing an additional guideline document as an outcome of this consultation.

***Question 1 – Do you agree with the proposed term 'complementary and unconventional medicine and emerging treatments'? If not, what term should be used and how should it be defined?***

• Grouping the practice of integrative medicine (IM) with phrases 'unconventional medicine' and 'emerging treatments' implies that IM is fringe rather than an evidence-based and vital adjunct within the practice of healthcare.

• Grouping three disparate areas together in this proposal – complementary, unconventional and emerging is not scientific, and incorrectly aligns each area with the same degree of potential harm or risk.

• The inclusion of the umbrella term 'complementary medicine' in the proposed guidelines without an accepted definition presents a further problem. Internationally-recognised and nationally accepted definitions should be used in the proposed document being consulted on by the MBA. The definitions should be agreed to be government and key stakeholders from representative industry bodies such as the Therapeutic Goods Administration (TGA), Complementary Medicines Australia (CMA), the National Institute of Complementary Medicines (NICM) and the Australasian Integrative Medicine Association (AIMA). Current definitions include:

**Definition of complementary medicines by the Therapeutic Goods Administration (TGA)[1]**

*In Australia, medicinal products containing such ingredients as herbs, vitamins, minerals, nutritional supplements, homoeopathic and certain aromatherapy preparations are referred to as 'complementary medicines' and are regulated as medicines under the Therapeutic Goods Act 1989.*

**Definition of traditional and complementary medicine by the World Health Organization (WHO)[2]**

**Traditional medicine (TM):**

*Traditional medicine has a long history. It is the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.*

**Complementary medicine (CM):**

*The terms "complementary medicine" or "alternative medicine" refer to a broad set of healthcare practices that are not part of that country's own tradition or conventional medicine and are not fully integrated into the dominant healthcare system. They are used interchangeably with traditional medicine in some countries.*

**Traditional and complementary medicine (T&CM):**

*T&CM merges the terms TM and CM, encompassing products, practices and practitioners.*

**Definition of Integrative Medicine by Australasian Integrative Medicine Association (AIMA).[3]**

*Integrative medicine is a philosophy of healthcare with a focus on individual patient care. It combines the best of conventional Western medicine with evidence-based complementary medicine and therapies.*

*Integrative Medicine reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, health care professionals and disciplines to achieve optimal health and healing.*

*It takes into account the physical, psychological, social and spiritual wellbeing of the person with the aim of using the most appropriate, safe and evidence-based treatments available.*

• There are many definitions of "integrative" and "complementary" healthcare, but all involve bringing conventional and complementary approaches together in a coordinated way. These definitions should be considered to be harmonious with national and international terminology.

***Question 2 – Do you agree with the proposed definition of 'complementary and unconventional medicine and emerging treatments'?***

• These terms 'unconventional medicine', 'inappropriate use' and 'emerging treatments' are not adequately defined which creates ambiguity and uncertainty.

• The term 'complementary medicine' also includes access to traditional medicines which is defined as a basic human right in Australia and by the World Health Organization.

• The amalgamation of three disparate groups into a single definition incorrectly implies they have many commonalities, which they do not. The only apparent component of the definition that provides cohesion is that the MBA sees these practices as non-conventional. This makes the definition political and therefore not scientific as it revolves around the concept of what evidence based medicine is in this age of evidence-based practice.

• More than two thirds of the Australian population use complementary medicines as a part of their self-care,[4] and it's estimated that one third of general practitioners incorporate some aspects of complementary medicine within their medical practice, therefore it could be argued that this constitutes current conventional medicine. The MBA would need to define conventional medicine to ascertain if this political definition has validity. The lack of clarity on how to determine what is 'conventional' versus 'unconventional' can be misused by people with professional differences of opinion.

• Complementary medicines, for the purpose of this consultation should be defined as, medicinal products containing such ingredients as certain herbs, vitamins and minerals, nutritional supplements, homoeopathic medicines and aromatherapy products and are regulated as medicines by the Therapeutic Goods Administration (TGA) under the Therapeutic Goods Act 1989.

• The terminology used should be nationally and internationally accepted, and agreed to amongst various industry stakeholders as outlined in response to Question 1. This assists in adopting a standardised process that can be transferred across different states and territories of Australia as well as internationally. Such standardised terms provides ease of communication across different frontiers.

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

• There is no evidence produced in the discussion paper that quantifies risk or relative risk in practicing complementary medicines.

• Complementary medicines as defined in response to question 2, are regulated by the TGA and are low-risk under the therapeutic goods regulatory framework[5] and must be articulated separately from treatments or other alternative therapies for the purposes of this consultation.

• The reporting of Adverse Drug Responses (ADRs) via the Therapeutic Goods Administration shows that only 1% of ADRs are from complementary medicines, suggesting that the relative risk is low and does not warrant the proposed guidelines. These figures are reflective of similar patterns of adverse events reported in Singapore (considered by the TGA to be a comparable overseas regulator). According to a retrospective study of reported adverse events due to complementary health products between 2010 and 2016, only 0.6% were associated with complementary health products – with the remainder linked to chemical drugs, vaccines and biological drugs. This further reinforces the relative low risk of these forms of therapies.[6]

• The World Health Organization's Traditional Medicine Strategy 2014-2023 devotes attention to prioritising health services and systems including traditional and complementary medicine practices and practitioners.[7] Therefore the proposed guidelines could be perceived as being contradictory to the aims and objectives of the WHO strategy, violating the human rights of all Australians, particularly indigenous peoples.

***Question 5 – Are safeguards needed for patients who seek complementary and unconventional medicine and emerging treatments?***

• All aspects of the proposed guidelines are adequately covered through the existing "Good Medical Practice: A Code of Conduct for Doctors in Australia" as seen by the detailed analysis in Appendix 1,

performed by the Australasian Integrative Medicine Association (AIMA) and included in their letter to Dr Anne Tonkin on 20th March, 2019.

• The structure of the proposed guidelines which specifically divides the scope of intent into "guidance for all registered medical practitioners" and then "Guidance for registered medical practitioners who provide complementary and unconventional and emerging treatments' creates a two-tiered divisive system which is open to being challenged, onerous, restrictive and anti-competitive. This may in turn, impact service availability, additional costs to the patient, and restriction of consumer choice.

• A review conducted by the Australasian Research Centre in Complementary and Integrative Medicine, based at the University of Technology Sydney, determined that two thirds of complementary medicine users don't inform their healthcare provider about their use.[8] This was linked to the patient's perception of the level of knowledge and acceptance by their healthcare provider, and to their fear of being judged. By enforcing an additional set of guidelines the implication is that these therapies are 'unconventional' which could serve to further perpetuate this consumer concern. This in turn, presents safety implications whereby the lack of disclosure could lead to unwanted side effects, nutrient/herb/drug interactions, or reduced treatment effectiveness. These are all risks that can be easily managed if the patient feels comfortable and is encouraged to share their use with all of their healthcare professionals. As the code highlights there are many ways to practice medicine in Australia, reflecting a linguistically and culturally diverse society of which the core tasks of medicine are caring for people who are unwell and seeking to keep people well.

***Question 6 – Is there other evidence or data that may help inform the Board's proposals?***

There is additional concern that the proposed guidelines have not been developed in conformance with COAG principles for best practice regulation as there is no evidence presented in these guidelines on the 'magnitude (scale and scope) of the problem', there is no demonstration that the current guidelines are inadequate nor any cogent argument given as to the need for additional regulation. Also of concern is the Board's attempt to pre-justify a preferred solution stating 'the Board prefers Option 2'.

## Conclusion

I support that the current regulation (i.e. the Board's Good Medical Practice) of medical practitioners who provide complementary and unconventional medicines and emerging treatments (option 1) is adequate to address the issues identified and protect patients. The proposed guidelines are unnecessary and provide no added value in terms of patient safety or clarity of practice for doctors.

I appreciate the MBA consideration of the points I have raised in this document and look forward to a positive outcome where the final document represents the comments and concerns from all stakeholders including those shared here.

1. Therapeutic Goods Administration. An overview of the regulation of complementary medicines in Australia. Available from: http://www.tga.gov.au/industry/cm-basics-regulation-overview.htm
2. World Health Organization (WHO). WHO traditional medicine strategy: 2014-2023. Geneva, Switzerland 2013. Available from http://www.who.int/medicines/areas/traditional/definitions/en/
3. Australasian Integrative Medicine Association. What is Integrative Medicine? Available from https://www.aima.net.au/what-is-integrative-medicine/
4. NPS Medicinewise, NPA Annual Consumer Surveys: Findings about complementary medicine use, 2008, available at: http://www.nps.org.au/about-us/what-we-do/our-research/complementary-medicines/npsconsumer-survey-cms-use-findings
5. Therapeutic Goods Administration. An overview of the regulation of complementary medicines in Australia. Available from: http://www.tga.gov.au/industry/cm-basics-regulation-overview.htm
6. Xu Y, Dhavalkumar N, et al. Retrospective study of reported adverse events due to complementary health products in Singapore from 2010 to 2016. Front Med (Lausanne) 2018;5:167.
7. World Health Organisation (WHO). WHO traditional medicine strategy: 2014-2023. Geneva, Switzerland 2013. Available from http://apps.who.int/iris/bitstream/10665/92455/1/9789241506090_eng.pdf
8. Foley H, Steele A, Cramer H, Wardle J, and Adams J. Disclosure of complementary medicine use to medical providers: a systematic review and meta-analysis. Scientific Reports. 2019:9; 1573.

[redacted]

16-03-2019

THE EXECUTIVE OFFICER,
MEDICAL BOARD OF AUSTRALIA,
A.H.P.R.A
G.P.O BOX 9958,
MELBOURNE Vic 3001

AHPRA-MELBOURNE
RECEIVED
21 MAR 2019

DEAR SIR/MADAM,

RE REGULATIONS GOVERNING PRACTICE OF COMPLEMENTRY, UNCONVENTIONAL AND EMERGING MEDICINE.

MY NAME IS THOMAS HEATH, AGED [redacted] YEARS AND A RESIDENT OF [redacted]

IT HAS BEEN DRAWN TO MY ATTENTION THAT THERE IS TO BE A CHANGE TO REGULATIONS REGARDING THOSE MEDICAL PRACTITIONERS WHO PRACTISE INTEGRATIVE MEDICINE

AS A PATIENT FOR OVER 20 YEARS OF A REGISTERED MEDICAL PRACTITIONER WHO INCLUDES INTEGRATIVE MEDICINE TOGETHER WITH CONVENTIONAL PRACTICE, BOTH MY WIFE AND I ARE VERY HAPPY WITH THIS APPROACH TO OUR HEALTH AND WELL BEING.

AT ALL INTERVIEWS TREATMENT IS DISCUSSED, ITS MERITS AND POTENTIAL PROBLEMS, BOTH CONVENTIONAL AND INTEGRATIVE.

OUR PRACTITIONER IS ONE WITH VAST EXPERIENCE OVER MANY YEARS AND A PERSON OF THE HIGHEST INTEGRITY WHO ACTS WITHIN THE BEST INTEREST OF THE PATIENT.

IT IS IMPORTANT TO US BOTH, THAT WE HAVE THE FREE CHOICE OVER MAKING DECISIONS ABOUT OUR MEDICAL TREATMENT.

CONSEQUENTLY I THINK THERE ARE TWO OPTIONS TO BE CONSIDERED.

(1) THE STATUS QUO SHOULD REMAIN

OR

(2) IF THE BOARD SO CHOOSES TO HAVE GREATER REGULATION THEN IT SHOULD APPLY TO <u>ALL</u> MEDICAL PRACTITIONERS WITH THE SAME ONUS OF EXHAUSTIVE EXPOSITION OF ALL TREATMENT OPTIONS AND THE MEDICAL RESEARCH TO SUPPORT THOSE OPTIONS.

PERHAPS THE BOARD SHOULD ACCEPT THAT INTERGRATIVE MEDICINE AND EMERGING MEDICINE TOGETHER CONVENTIONAL MEDICINE BE RECOGNISED AS A SPECIALITY, THUS ALLOWING INCREASED MEDICARE REBATES TO HELP RECOVER THE INCREASED COSTS OF MEETING THE NEW REGULATIONS.

YOURS FAITHFULLY,

[redacted]

THOMAS HEATH.

**From:** Julie Helleren
**To:** medboardconsultation
**Date:** Saturday, 11 May 2019 3:03:16 PM

Dear Medical Board,

RN Labs believe a holistic and targeted approach to healthcare, using a combination of evidence-based functional testing and safe/effective nutritional supplements, which allows practitioners greater patient insight, thereby enabling better health outcomes.

As a Practitioner I also believe that Functional testing has helped provide more informative information for my patient and even my personal use which I have shown my Doctor who understands the Results of a test that has been provided, can I say he was most impressed with the findings. These tests provide so much helpful information which is showing us areas that need help.

**Conventional medicine is important as is Natural medicine**. Natural medicine is preventative medicine and is helping to lessen the burden on the healthcare system.

Please know that we too learn….First Do No Harm and we are certainly taught to Refer especially to Conventional Medical Doctors.

There are so many brilliant Integrated Doctors and Natural Therapists that are passionate about their patients health and their wish to use both Conventional and Natural approaches.

Gooday and thank you for taking the time to read all of this letter,

Sincerely,

J Helleren…Registered Nutritionist/Naturopath

**From:** Miriam Henke [redacted]
**Sent:** Monday, 13 May 2019 6:14 PM
**To:** medboardconsultation
**Subject:** Public consultation on complementary and unconventional medicine and emerging treatments

To Whom It May Concern,

I am submitting my opinion and experience of complementary and unconventional medicine and emerging treatments so they may be taken into consideration during this time of public consultation.

Firstly, I wish to indicate my preference to **Option 1 – 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.**

Secondly, I would like to advise why this is my preference:

- I am a consumer of Integrative Medicine (IM), complementary and unconventional medicines (CAM) and have first-hand experience of their benefits to my health, wellbeing and function
- My chronic health conditions had been poorly managed (previously) by multiple conventional medical practitioners and other options not presented to me; this is one of the reasons I was drawn to IM and CAM
- Under the guidance of well-educated, professional and caring IM and CAM practitioners I have gained back a lot of function and quality of life, been treated holistically and had my thoughts and concerns listened to and considered
- I am well-educated on the IM Model and the history and (high) statistical use of CAM in Australia having completed a literature review as part of my Masters in Health Psychology research project
- As a Health Psychologist, I have worked with clients who are using CAM or IM, and heard their first-hand accounts of the significant improvements they have gained using those modalities
- It is rare to hear stories of poor experiences with CAM and IM, but I regularly hear of poor experiences clients have had with conventional health professionals. This is often because of poor bedside manner or lack of emotional intelligence, disregard for client's knowledge of their own bodies and knowledge base, limited options for symptom or condition management and disinterest in emerging research evidence into unconventional treatments (often with little or no risk or contraindications).
- To me, the right to choose and to be guided by practitioners who are practicing evidence-based IM and CAM in a patient-centred way is of vital importance to my long-term health and wellbeing
- A better option would be to provide more support and funding to complementary, unconventional medicine and emerging treatments - a healthier public leads to a healthier economy
- I am concerned that having separate, practice-specific guidelines for my doctor and all doctors who incorporate complementary and unconventional medicine (which I understand is about 30% of all medical practitioners) into their practice is both unnecessary and potentially harmful

Please contact me if you would like further information.

Kind regards,
Miriam Henke

**From:** Brigitte Heyer [redacted]
**Sent:** Thursday, 27 June 2019 9:02 PM
**To:** medboardconsultation
**Subject:** Fwd: Consultation on complementary and unconventional medicine and emerging treatments

**To Whom it may concern - Freedom of Choice of doctor**

I choose Option 1..."no new regulations are required for doctors practising in the areas of complementary medicine and integrative medicine."
I have chosen to see Integrative Medicine doctors because:
I want to be involved in my own and my family's care and this requires time in consultations an additional medical training that I found in my integrative medicine doctor.
Conventional medicine provided no answers about why I was sick and I needed medical care with a wider range of diagnostic and treatment options.
I have been harmed by conventional medical treatment, and needed to find other options.
I prefer non-drug approaches for managing my family's and my own health or illnesses.
I am happy with my GP for simple treatments within brief consultations, but I want to go further with prevention and a deeper understanding of what I can do for myself and my family. My integrative medicine doctor provides me the time and knowledge to do that.
I want more from my doctor. More time. More understanding of causes of illness. More power to understand the ways in which I can improve my health to reduce my need for drugs, surgery and medical appointments. My Integrative Medicine doctor provides these for me in a way that 10 minute consultations with doctors cannot.
I have concerns about the proposed regulations because:
There is no demonstrated need to regulate Complementary Medicine or Integrative Medicine. These are safe practices that need no further regulation.
The only concern of the Medical Board of Australia in this process is, and should be, safety. The Chair has said this publicly. Questions about how effective Complementary Medicine and Integrative Medicine is should be a decision left to me.
The Medical Board of Australia includes members of the Friends of Science in Medicine, a political lobby group opposing Complementary Medicine and Integrative Medicine. This is a clear conflict of interest. The Medical Board of Australia should cancel the current consultation, and go back to the start with all current and past members of the Friends of Science in Medicine lobby group excluded from Board participation.
There has been no transparency in consultation process. Freedom of Information requests as to how these proposals originated have been denied or redacted. The Medical Board of Australia has acted in secrecy and a failure to disclose the details of why the new regulations.

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*"The courage to risk and the expectation*
*to win are a wonderful combination." Quote*

Brigitte Heyer
[redacted]

**From:** [redacted]
**Sent:** Wednesday, 26 June 2019 11:26 AM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments

I fully support my Doctor being able to recommend alternative medications.
My husband and myself have noticed a huge improvement in our overall health since our Doctor has advised us.
Being seniors we both feel we are less of a burden on the health system because of this .
Regards
Tony and Aly Hicks ..

**From:** Annette Hill [redacted]
**Sent:** Sunday, 30 June 2019 8:24 PM
**To:** medboardconsultation
**Subject:** My Choice of medical professional

- I have chosen to see Integrative Medicine doctors because:
  - I want to be involved in my own and my family's care and this requires time in consultations an additional medical training that I found in my integrative medicine doctor.
  - Conventional medicine provided no answers about why I was sick and I needed medical care with a wider range of diagnostic and treatment options.
  - I have been harmed by conventional medical treatment, and needed to find other options.
  - I prefer non-drug approaches for managing my family's and my own health or illnesses.
  - I am happy with my GP for simple treatments within brief consultations, but I want to go further with prevention and a deeper understanding of what I can do for myself and my family. My integrative medicine doctor provides me the time and knowledge to do that.
  - I want more from my doctor. More time. More understanding of causes of illness. More power to understand the ways in which I can improve my health to reduce my need for drugs, surgery and medical appointments. My Integrative Medicine doctor provides these for me in a way that 10 minute consultations with doctors cannot.
- Regards,
- Annette Hill
- [redacted]
[redacted]

**From:** Vanessa Hitch [redacted]
**Sent:** Thursday, 27 June 2019 7:17 AM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments

I choose to have no new regulations for integrative and complementary
> medical practitioners. I want the choice to see a GP, where more
> comprehensive support is given - to dig deeper when needed and look at
> the whole picture not just prescribe pharmaceuticals.
> I want my GP to have had additional training in nutrition and
> complimentary medicine.
> Integrative GP's offer comprehensive support which is ultimately safer
> and has far greater long lasting health benefits.
> We have an aging population - chronic disease is on the rise - give
> people the freedom to choose comprehensive medical support if they
> need it.
> Regards
> Vanessa Hitch

**From:** Lynne [redacted]
**Sent:** Sunday, 30 June 2019 6:05 PM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments

Dear Sir/Madam,

I would like to have the option to be involved in my own and my family's health care because conventional medicine is not for all situations and it is important for a wider range of drug-free options to be available to me and my family. I want to look at prevention and wellness practices in supporting my family. Please allow us to make our own health decisions in a free way. This is vital in a democratic country such as ours is supposed to be.

Yours sincerely,

Lynne Holian

30/6/2019

‘Consultation on complementary and unconventional

medicine and emerging treatments’

**Please note that I would like to put forward my choice for option 1.**

I do not believe that the proposed change is in the interest of good practice or overall complete health of their patients. It is a known fact that lack of nutrients can cause a lot of illnesses. If a medical practitioner is forced to become afraid to test for malnutrition and advise a patient if they are lacking, this will be DETRIMENTAL to their patients. If you pass this proposal, a good doctor will become LIMITED in what they can assist a sick person with.

The terms outlined in your proposal are open for abuse where a doctor may fear being threatened by the system if they were to fully investigate a patient’s symptoms that may include nutrition panels, hence it will leave doctors LESS INCLINED to properly care for the health of a patient.

Currently the system is adequate in the sense that if a doctor is abusing their privileges to a patient, there is enough safeguards for reporting and determining by the system. It does not need to change.

A patient goes to a doctor for the doctor’s opinion. It is within the right of the patient to take on this advice or not. I would like all doctors to have the right to offer their own medical advice as they see fit, be it deemed as complimentary or unconventional.

There are many illnesses that fall outside of what is classified as ‘conventional illnesses’ that ‘conventional’ medicine may not be able to assist. It is only right to accept that current diagnosis and medicine has limitations on these, and we NEED doctors who are willing to look for answers in order to progress. One example would be the **Helicobacter pylori** bacteria that was shunned as being a bacteria that actually needed a complex series of antibiotics on its initial discovery, yet was being treated with drastic measures such as partial removal of the stomach. It was not ‘conventional’ to treat with antibiotics originally, yet this was exactly what it needed. It would be foolish to force doctors and patients not to try what may work just because it hasn’t yet been added to the ‘conventional’ medicine treatment yet.

Also something like Viagra was originally for heart conditions, however what was a side effect is now an important medication in the assistance and healing of those treated for prostate cancer/issues.

There are many facets of the proposal that leaves too many options open to different interpretation and I fear it would ultimately be used in a disadvantageous way to Doctors and their patients. The continual reference to a medical practitioner only being able to prescribe “conventional medicine" leaves problems to doctors who may recommend advising, for example, a course of probiotics after taking antibiotics. It would make doctors less inclined to treat patients wholly and adequately.

In your proposal you state:

“Concerns about inadequate consent including:.

known risks not fully disclosed.

potential lack of benefit not communicated clearly.

unsupported claims of efficacy and safety.

false claims of benefit”

You highlight this in regard to a doctor advising complementary medicine who may not give adequate information to a patient for informed consent.

I find this reason very interesting, especially due to the fact that conventional medicine is rarely if EVER prescribed giving the patient ‘adequate consent’. This I find hypocritical and disturbing. For example, I’ve never known anyone who has received the flu vaccine be told that it carries a risk of Guillain Barre syndrome and that it’s likely only 29% effective.

Even patient information leaflets are very minimal in their advice, which a patient only receives sometimes after obtaining the medicine.

I do not agree with restricting medical practitioners any further. I do not agree with limiting the ability of a doctor or a patients choice.

Thankyou

Julie Holt

[redacted]

[redacted]

**From:** Lisa Hortin [redacted]
**Sent:** Thursday, 27 June 2019 4:55 PM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine andemerging treatments

I choose Option 1...
All people should continue to have the freedom to choose their own
health care proffessional and path. I is a basic freedom and right.

Kind regards Lisa Hortin

**From:** alison hoy [redacted]
**Sent:** Thursday, 27 June 2019 12:45 PM
**To:** medboardconsultation
**Subject:** Consultation on complementary and unconventional medicine and emerging treatments

Dear members of the board,

I am writing in concern to the proposed changes to regulations for medical practitioners who practise unconventional medicine.

Unless more funding is provided by the medical board to create studies using these complementary and emerging therapies, the new regulations will result in a lack of treatment options and remove freedom of choice to patients. Until more funding is available for these treatments, general guidance is all we can ask for as a patient.

Further to this, as in any profession there are good and bad practitioners. We can't have one rule for some practitioners and one rule for others. The key is ensuring regulation is focussed on the health and safety of all Australians. There should be only one set of good practice guidelines that all doctors should follow.

I my self have had some terrible advice from conversational general practitioners.

I opt for Option 1 - 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.

Thank you for your time,

Alison Hoy

| | |
|---|---|
| **From:** | Ruizhu Huang |
| **To:** | medboardconsultation |
| **Subject:** | 'Public consultation on complementary and unconventional medicine and emerging treatments |
| **Date:** | Wednesday, 26 June 2019 1:47:47 PM |

Hi,

My name is Rui, I am currently a registered and practicing Medical Professional through AHPRA. Having read the proposed actions on complementary and unconventional medicine, I would like to support plans for Option 2 (two) in the documents.

Option 2 would make regulations tighter and be more beneficial for patients in accordance to medical evidence.

Best regards,

Rui

--
Ruizhu Huang
[redacted]

**From:** Walter Huber [redacted]
**Sent:** Thursday, 27 June 2019 8:34 AM
**To:** medboardconsultation
**Subject:** Integrative medicine

I would like to lodge my strongest rejection to the proposed changes to integrative medicine guidelines. Why are you trying to undermine our freedom of choice!!!!!
Walter Huber

**From:** Conor Humphries [redacted]
**Sent:** Thursday, 4 April 2019 9:04 AM
**To:** medboardconsultation
**Subject:** 'Consultation on complementary and unconventional medicine and emerging treatments'

Please ensure option 1 is selected.

In yet one more way are we turning into a ridiculous nation. Why do we continue to follow in the footsteps of the ridiculous.

Please let's stop what is essentially one of the most backwards steps in healthcare ever seen in Australia. For literally no gain whatsoever!

Let's not forget where medicine originated. To cut this option off is to kill Australians and will cost Australia not only fiscally but medically.

No more separation of anything, move forward, move together, for the good of Australia.

Give the people the choice they deserve when it comes to their healthcare.

Regards,
Conor

**From:** Maria Hunt [redacted]
**Sent:** Thursday, 4 April 2019 1:18 PM
**To:** medboardconsultation
**Subject:** Maria Hunt - concerns re; 'Consultation on complementary and unconventional medicine and emerging treatments'

To Whom It May Concern,

I am writing to you re; the 'Consultation on complementary and unconventional medicine and emerging treatments'

My concerns include:

- The grouping of integrative medicine with 'unconventional medicine' and 'emerging treatments' may create the impression of being "fringe" rather than evidence-based

- That many of the terms used in the rationale such as 'unconventional medicine', 'inappropriate use' and 'emerging treatments' leads to ambiguity and uncertainty

- That the term 'complementary medicine' also includes access to traditional medicines

- No evidence produced in the discussion paper quantifies risk in practicing complementary or integrative medicine vs ‘conventional’ medicine

- That there was NO consultation with the Integrative Medicine or complementary medicine community before the document's release

- That the current Good Medical Practice: A Code of Conduct for Doctors in Australia already adequately regulates doctors' practise and protects patient safety. There is no need or justification for a two-tiered approach

- That the right of patients to determine their own medical care is under threat

- That the lack of clarity on how to determine what is 'conventional' versus 'unconventional' can be misused by people with professional differences of opinion which results in troublesome complaints

It's important as a member of the Integrative Medicine community to let you know that this is an issue we deeply care about and it is crucial that our voice be heard.

As they stand the guidelines could impact doctors, complementary practitioners, allied health professionals, pharmacists, compounding pharmacists and functional testing labs.

We need to stop the adoption of these guidelines.

Maria Hunt

MARIA HUNT

Spokesperson for AGM Foods
Head of Australia Body Ecology &
Senior Body Ecology Advisor

[redacted]

| | |
|---|---|
| **From:** | Jennifer Hunter |
| **To:** | medboardconsultation |
| **Subject:** | MBA consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments |
| **Date:** | Sunday, 16 June 2019 6:47:18 PM |
| **Attachments:** | The Art of Writing Good Regulations.pdf |

Dear Medical Board of Australia

Re: "Public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments"

As a registered medical practitioner, I opt for Option 1 - 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.

The primary reason for choosing Option 1 is that the Board has failed to adequately make a case for Option 2.

In response to the consultation questions.

1. Combining the three terms is flawed. They have different, often contradictory meanings; are used in different clinical contexts and circumstances; and there are wide variations in safety, risks and costs.

2. The definition is poorly informed. I recommend using WHO, AMA and RACGP definitions for complementary medicine (that might also include terms such as traditional medicine and integrative medicine). More attention is needed when describing unconventional and emerging treatments that are not complementary medicine e.g. off-label use of medicines that is increasingly a concern for paediatric and older adult populations, and other emerging technologies that are common in surgery, sports medicine, dermatology and cosmetic medicine. The defining features that determine an intervention or investigation is not conventional and who should adjudicate must be clearly articulated?

3 and 4. An ad-hoc set of statements and examples, often out-dated, are presented. Real data and facts are required to make the case for extra regulation.

5. Safeguards are required for all aspects of medicine. The Board has failed to demonstrate why current safeguards and regulations are inadequate.

6. Having properly identified and quantified the risks of various medical practices, the Board should consult the relevant colleges and peak professional bodies.

7. Based on the information presented by the Board, there is insufficient evidence that current guidelines are inadequate.

8. The current proposed guidelines confuse rather than clarify the issues.

9. The Board should abandon these guidelines as the Board has failed to adequately make a case for Option 2.

10. Stronger engagement with the relevant colleges and peak professional bodies is needed.

Should the MBA decide to proceed with this extra regulation, I trust there will be ongoing public consultation and due consideration of what makes a good regulation.

Attached is a short paper that might be helpful for the Board – The Art of Writing Good Regulation. Noteworthy is that regulations should not treat businesses (or in this case medical practitioners) differently from one another. Along with the potential benefits, examine the costs, including hidden costs to the regulator, those being regulated and the wider community.

Yours sincerely

Jennifer Hunter

**A/Prof Jennifer Hunter** | BMed MScPH PhD

[redacted]

[redacted]

Federal Communications Law Journal

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# The Art of Writing Good Regulations

Harold W. Furchtgott-Roth
*Federal Communications Commission*

# The Art of Writing Good Regulations

**Harold W. Furchtgott-Roth***

Chemists use precise tests to detect and identify the component elements of different substances. Physicists have methods to examine objects, both large and small. Biologists can discern much information about the basic building blocks of life from genetic material. Scientists have many techniques to answer fundamental questions about the world, but can those techniques enable them to distinguish a good government regulation from a bad one?

Since arriving at the Federal Communications Commission ("FCC" or "Commission") three years ago, I have often reviewed regulations, both old and new. Labeling some regulations "good" and others "bad" may seem simple, but what distinguishes one from the other? The three Articles that follow begin to answer that question.

Simple tests can be constructed easily to identify some forms of bad regulations, such as regulations that have no basis in law. In assessing the basis for a given regulation, I have adopted a four-category "sliding scale" approach: (1) rules that the Commission is legally required to promulgate; (2) rules that the FCC is explicitly permitted by law to develop; (3) regulations that have no specific statutory basis, but rather rely on the Commission's ancillary authority; and (4) regulatory actions barred by statute. Obviously, the Commission has no discretion in the first and fourth categories. Therefore, the assessment of "good" versus "bad" regulations largely plays out in categories two and three.

It is does not follow, however, that any regulation that has a plausible interpretation consistent with statutory language is "good." Sections 4(i) and 201 of the Communications Act of 1934 ("1934 Act") give the FCC broad authority, but only as "necessary" to implement other statutory provisions. Some have argued that these sections give the Commission

* Mr. Furchtgott-Roth is a Commissioner on the Federal Communications Commission.

authority to do what it pleases, regardless of other provisions of the 1934 Act. Of course, such interpretations render all other provisions of law meaningless, as those provisions neither expand nor limit the purportedly infinitely expansive power of the agency. I do not subscribe to this view under any circumstance, although many gifted legal minds find this interpretation not merely plausible, but inescapable.

In many instances, drafting "good" rather than "bad" regulations is as much an art as a science. Regulations are not minted by a dispassionate press, which imprints the only possible interpretation of statutory language. By contrast, ever-changing committees of people draft regulations, with suggestions made by parties with substantial economic interests in the final form of the regulations. Countless drafts result, practically all of which are discarded soon after creation. With all of the drafting and preparation, one can only hope that the final products of legal regulation have a more elegant and refined structure than the rough drafts.

The *Code of Federal Regulations* is many things to many people, but I have yet to meet anyone who would call it an art gallery. The works are long-lasting, perhaps even permanent. Some are widely known, even if they are not universally admired. There are even guards that make sure the public treats the regulations with some appropriate degree of respect. My empirical observation, however, is that few regulations—at least here at the FCC—are great works of art.

What is the art of writing "good" regulations? I am not certain. I have come to recognize certain characteristics of "bad" regulations. Let me describe a few objections that I have frequently raised in response to Commission proposals.

*Legal Basis*: Since I joined the Commission, the vast majority of my dissenting statements have relied on a very basic principle: Follow the law. Many bad regulations have no legal bases, or only tenuous ones at best. Regulators should write regulations only insofar as they have the legal authority to do so. It is not enough to demonstrate that a proposed regulation is "needed" or will "do good." The United States has many problems, some of which may be remedied by regulation, but only a few of which the FCC has authority to address. Many of my dissents on the Commission have focused on the absence of legal authority to promulgate a certain regulation; the following Articles focus primarily on those instances in which an agency may have some authority to exercise discretion.

Helgi Walker's Article, *Communications Media and the First Amendment: A Viewpoint-Neutral FCC Is Not Too Much to Ask For*, examines how the Commission at times tempts fate by adopting statutory interpretations that unnecessarily push the envelope of constitutionality.

Some Commission rules have violated the First Amendment by giving regulatory preference to certain viewpoints over others. Clearly, the Commission's promulgation of regulations should be informed not merely by statutory language, but by constitutional concerns as well.

Rebecca Beynon writes in *The FCC's Implementation of the 1996 Act: Agency Litigation Strategies and Delay* about the litigation confusion and market uncertainty that result from overly aggressive regulatory interpretations of the 1934 Act by the FCC. It is not enough merely to promulgate regulations that have a plausible interpretation under the 1934 Act; the Commission should write regulations that are broadly applicable and that are so closely based on statutory language that efforts to challenge them in court will be either discouraged or unsuccessful.

Finally, in *Too Much Power, Too Little Restraint: How the FCC Expands Its Reach Through Unenforceable and Unwieldy "Voluntary" Agreements*, Bryan Tramont describes how the current FCC uses the legal vacuum created by "voluntary" agreements to circumvent the statutory limits imposed on the agency. In both license-transfer cases and consent decrees, the Commission extracts concessions from licensees that it would be unable to obtain under the statute—all while evading judicial review.

*Market Failure*: Regulatory agencies sometimes become ambivalent about markets and at times delude themselves into believing that regulation can "create" or "improve" a market. Regulation rarely, if ever, does either. Fashioning necessary regulation essentially admits market failure. If markets have not failed, there can be no need for regulation. Today's regulators often characterize markets as useful and good; yet, if they are too useful and too good, regulation has no role to play. The choice to exercise discretionary regulatory powers must be based not only on statutory discretion but a clear finding that markets have failed.

*Cost-Benefit Analysis:* Even if markets have failed, a specific proposed regulation may or may not ameliorate the situation. Too often, regulators only look at the alleged benefits of a given regulatory proposal without ever examining the costs. Relatedly, the Commission rarely examines its priorities as a zero-sum game; resources spent on expansive new regulatory ventures are resources taken away from the FCC's core obligations under the 1934 Act. The decision to proceed with a specific proposed regulation, whether discretionary or not, should be informed by a cost-benefit analysis. Will the likely benefits of a proposed regulation outweigh the likely costs? Asking the question proves far easier than answering it. Most of the costs and benefits of regulation are hidden in the future, allowing only imprecise, speculative measurement. Economics and regulation do not live in controlled laboratory conditions; the precise

effects of regulation in a market can be difficult to tease out. Regulatory agencies should at least attempt to offer a brief description of a rule's potential benefits and costs, or milestones for its review.

*Company-Specific Rules*: Regulations should not treat businesses differently from one another. *Too Much Power, Too Little Restraint* sets forth the unfortunate consequences of the FCC's adoption of company-specific rules. These company-specific rules result in a telecommunications market in which similarly situated entities are treated differently, not as the result of statute, but as the result of private negotiations of Byzantine "voluntary" agreements. Worse, these company-specific rules evade judicial review, they often result from negotiations that are often beyond the view of the public, and the resulting obligations cannot be found in the *Code of Federal Regulations*.

Together, these three Articles describe how regulations that may facially be consistent with statutory language nonetheless are bad rules under law. The art of writing good regulations may not be fully revealed by these Articles, but they present several aspects of less-than-artful regulations. As with any art form, good regulations can only be written with care and practice.

**From:** Sallyanne Hutcheson [redacted]
**Sent:** Wednesday, 3 April 2019 9:59 PM
**To:** medboardconsultation
**Subject:** Public consultation on complementary and unconventional medicine and emerging treatments'

To whom it may concern,

I believe that medical practitioners should be allowed to offer to their patients both holistic and conventional approaches to addressing and treating their issues. I do not think their should be restrictions placed on holistic treatment that health funds can cover.
Both approaches complement each other and I believe the proposed changes will set back health and put a bigger burned on on already stressed health service.

Yours faithfully
Sally-Anne Hutcheson
RN, RM, CFHN

**From:** Lachlan Hutchison [redacted]
**Sent:** Sunday, 30 June 2019 8:57 PM
**To:** medboardconsultation
**Subject:** Public consultation on complementary and unconventional medicine and emerging treatments

Submission to the Medical Board of Australia

'Public consultation on complementary and unconventional medicine and emerging treatments'

To whom it may concern,

Just as it's my right to purchase the car suited to me, as all have passed the same safety tests, I believe it is my right to choose the medical professional and treatment plans that best suit me, as all have had the same training, but have chosen to practice with a different attitude and mindset.

I value choice in the type of medicine I receive. On reflection, I've had poorer experiences with mainstream medicinal practitioners compared to complementary, emerging, unconventional medical practitioners. That said, all have completed similar training.

Fortunately, I have found a doctor knowledgeable in complementary, unconventional, emerging medicine, who has continuously strived to improve my health outcomes. He always listens attentively and compassionately. He discusses treatment options, alternatives, merits, side effects and costs. When I make decisions, I have always had an opportunity to discuss and reflect. Consultation discussion summary is always given, so one does not need to rely solely on memory when discussing options with family or other professionals or checking medication changes. I value the choice I have.

I do not support the proposed new regulations which would create a discriminatory regime of double standards within medical practice, where one group of trained practitioners (complementary, unconventional, emerging) must practice under stricter guidelines than mainstream practitioners. All mainstream medicine was once emerging. If we stop thinking creatively, we will be doomed in an ever-changing environment. Remember stomach ulcers…..and the change in treatment against the cries of 'it couldn't be…' Some treatments that are considered emerging in Australia are mainstream in other parts of the world. My current care is outstanding, and I would be incensed if this choice was compromised or no longer available to me. Please retain the status quo so that I can continue to choose high-quality care from a doctor knowledgeable in multi-disciplinary medicine including complementary, unconventional emerging medicine.

Lachlan Hutchison aged [redacted] of NSW

**From:** Sharlene Hutton [redacted]
**Sent:** Wednesday, 10 April 2019 11:10 PM
**To:** medboardconsultation
**Subject:** Public consultation on complimentary medicine and emerging treatments

Executive Officer
Medical - AHPRA
GPO Box 9958
Melbourne VIC 3001
medboardconsultation@ahpra.gov.au
RE: PUBLIC CONSULTATION ON COMPLIMENTARY MEDICINE AND EMERGING TREATMENTS To whom it may concern Please consider this letter a formal submission in response to the Medical Board of Australia's proposal to strengthen the guidelines surrounding medical practitioners who provide complementary and unconventional medicine. I am highly concerned at these proposed changes and do not agree with them for reasons which I will attempt to outline below.
Specifically, it is alarming that once again Lyme Disease (or Lyme-Like and associated tick borne illnesses) has been called out as an area of concern. It is disappointing to see that Australia is so far behind the latest peer reviewed research in this area, and even more shocking that the Medical Board intend on creating a set of guidelines which will more than likely restrict our highly capable doctors from practising good health care, which is not entirely based on outdated options that come from large pharmaceutical and insurance companies.
Imposing an increase in restrictions through changes to the guidelines will almost certainly stifle innovation and advancement of medical treatment options available in this country, and not just pertaining to Lyme Disease, but to other chronic and disabling illnesses. Australia's medical system will slip even further down the rankings than it already is. Perhaps we should look to progressive countries such as Switzerland who are doing the complete opposite and are encouraging the use of complementary medicines?
I have family and friends who use Complementary, Unconventional and Emerging Medicine and I highly value its availability and I am very happy with its practice. Treating doctors already provide discussion about options for treatment and their relative merits and potential problems. I value free choice in making decisions regarding my own personal medical treatment.
The suggestion of strengthened guidelines is far too controlled, an attack on my human right to seek any treatment I choose to use with my chosen health professional. Whether you agree or not with the diagnoses, the treatment plans, it is not the Medical Board's decision to hold my future at jeopardy because of its own antiquated ideology.
As such, my preferred choice of the proposed outcomes is to retain the status quo, otherwise fellow sufferers will only have the option of travelling overseas, where they are at even greater risk of complications. Australia is not a third world country, and my expectation is that we as Australians should be able to attain the treatment of our choice, here at home.

Your sincerely
Sharlene Hutton
10th April 2019