

Anne-Marie Jabbour

[REDACTED]

12/4/2019

To The Medical Board of Australia,

My medical practitioner that who provides me with complimentary medicine does so with much care and always advises/informs my GP of what she's recommending or prescribing for me as my GP oversees all of my medical issues and treatments.

I would also like to say that I'm confident in both practitioners taking and giving me the best of medical care.

Kind Regards,

[REDACTED]

Anne-Marie Jabbour

From: Sarah Jacob [REDACTED]
Sent: Tuesday, 25 June 2019 10:30 PM
To: medboardconsultation
Subject: Regulation of medical practitioners

I am emailing to express my concern that the board is looking to limit what the integrative doctors can prescribe thus control their way of treatment. Instead of encouraging a combination of two branches of medicine, you are looking to curb the natural treatments. In this age and time when chronic diseases are on the rise and conventional medicines are simply providing a band aid, wouldn't it be good if there was a better treatment with integrative practices?

I meet an integrative doctor regularly for my illness and have got long term relief not just a temporary one. To put limitations on an integrative doctor would deny me my rights along with numerous others who would miss out on successful treatments.

Please take our concerns into consideration and do not place any limitations on integrative doctors.

Regards,
Sarah

From: Melissa Jandura [REDACTED]
Sent: Wednesday, 6 March 2019 12:26 PM
To: medboardconsultation
Subject: Consumers voice- public consultation on comp. Med and emerging treatment

Dear persons,

I treasure going to my doctor. I value both medical and integrative medicine.
Restricting medical doctors practices is a massive dis-service to individuals and the community.

Kind regards,

Naomi Janzen
[REDACTED]

Re: Public consultation on complementary and unconventional medicine and emerging treatments

To the board,

I am strongly opposed to Option 2 which represents a harmful and unnecessary restriction on a medical practitioner's ability to incorporate new modalities into their practice to help their patients, either directly or by referral.

It takes an average of 18 years for a new therapy to gain mainstream acceptance within the medical community – no matter the body of research that supports its use. New unconventional and alternative therapies that succeed in overcoming the entrained skepticism of a scientifically trained doctor, and which that doctor has come to suspect may be able to help patients that he/she has not been able to help with treatment as usual, should not be kept out of reach of either the doctor or the patient.

You can't stop patients from consulting "Dr Google" and discovering these treatments on their own – that ship has sailed - so wouldn't it be wiser to include a trained physician in the consultation process?? Safer for the patient?? If a million online forums are touting the efficacy of such and such, with convincing testimonials to back up the claims, a patient that hasn't been helped by conventional medicine is going to try it and if their doctor is forbidden to engage in the discussion (other than to wag a finger), that patient is going to exclude the doctor from the process. At best – increasing distrust of doctors, at worst – patients risking their own safety.

And this, of course, is without even considering the possibility of true healing that can be offered via these alternative methods. Or is that the real threat? Another big pharma conspiracy? Whether or not it is, it's going to be perceived that way by a large enough segment of the population that you will have further driven a wedge between the average person and their conventionally trained doctor.

It's time for the medical mainstream to embrace these new therapies with healthy scientific skepticism – rather than reject them outright a la the Semmelweis Reflex. Option 1 at least leaves room for open mindedness in this regard, on a doctor by doctor basis.

Either you trust the training you have given these medical scientists to be able to regulate themselves – or you don't. If you don't, then that is even more reason to open the windows a little wider to let in the fresh air of new therapies a little faster.

If Option 2, the option recommended by the board, had been in place when Drs. Marshall and Warren were trying to get their colleagues to look at antibiotics as a cure for stomach ulcers, how much longer would it have taken – how many more would have suffered

needlessly – than the long years already the case? Option 2 is backward, wrong, and unhelpful to either doctors or their patients.

Naomi Janzen



Comment on the AHPRA Public Consultation Paper

“Public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments”

In answer to the questions posed in the consultation paper:

1. I do not agree with the proposed term – the three items listed are completely different and should not be combined.
2. I do not agree with the definition. I understand the principles behind this document but it is a vague definition and impossible to apply to practice. As a medical practitioner if I am to be bound by specific requirements I need to be able to clearly understand them, and there are no resources telling me where the boundary lies between “conventional” and “unconventional” medicine. All doctors should be required to practice ethically and in an evidence-based manner. It is impossible to know at all times whether my decisions are in line with the majority of other doctors. “Conventional” changes all the time, and often lags behind evidence. For example, I spend a lot of time prescribing exercise and healthy nutrition to patients, which is absolutely in line with the best evidence but not yet what most GP’s do. Therefore I am “unconventional” but I am aware that this is not the purpose of your document.
3. I fully agree with the issues identified, but argue that these issues are already addressed by the existing code of conduct, and apply only to a minority of “unconventional” practitioners. The new guidelines will create unnecessary work and anxiety for the majority, who are already practicing ethically, and will not improve outcomes.
4. No – as above, “complementary”, “unconventional” and “emerging” are three very different terms, and are impossible to clearly define. There are definitely problems with the way some doctors practice both conventional and unconventional medicine, but as above they are already covered by the existing code of conduct.
5. Yes – as with any type of medicine. All doctors should be required to appropriately consent and educate patients. This is already covered clearly in the existing code of conduct.
6. Yes. There are thousands of educated, ethical, passionate practitioners working around the country, and accessible through professional organisations devoted to research and education in the areas you are concerned with. My advice would be to contact them and discuss the issues before instituting new guidelines.
7. Yes.

8. No.
9. No – the guidelines are impossible to implement without being completely restructured. If it is decided that such guidelines are required, then they should be written after extensive appropriate consultation with the relevant stakeholders.
10. Yes – my preference would be that the Medical Board accept that there is a role in Australia for “complementary” and “unconventional” practitioners and that “emerging” treatments are essential for the progress of science and health care, particularly with the changing patterns of disease. Practitioners who are willing to engage in ongoing learning need education, professional bodies and clinical practice guidelines (rather than regulations) to support them, and the Medical Board is well placed to support such innovations.
11. Option 1, followed by community and stakeholder consultation to clarify these issues further.

29 June 2019

From: [REDACTED]
Sent: Monday, 8 April 2019 1:52 PM
To: medboardconsultation
Subject: Consultation on complimentary and unconventional medicine and emerging treatments

Dear Sir/Madam,

I wish to register my concern on discovering that the Medical Board of Australia has an agenda to restrict Complimentary Medicine.

I am a [REDACTED] year old man who does NOT take any prescription drugs.

Visiting my GP every 12 months and having blood tests to monitor my general condition, helps to maintain my good health.

My regular intake of dietary supplements (vitamins, minerals), and exercising contributes to my well-being. The advice given to me by my doctor regarding good eating habits is invaluable.

I firmly believe that the advice and treatment received from my doctor has prevented the need for me having to take prescription drugs.

The patients receiving Complementary and Integrative Medicine benefit, whilst at the same time lessening the costs to the Government.

Freedom of choice is a wonderful thing !

Therefore, I am respectfully asking you maintain the status quo, so that people can continue to enjoy the benefits of Complimentary and Integrative Medicine.

Thanking you for your attention.

Yours sincerely,

Barrie Jennings



I agree with Option ONE I submit that there be no changes to current safeguards.

No consultation - this brings your motives into question

Proposals to further regulate medical practitioners who provide "complementary, non conventional and emerging treatments", appeared without warning or prior consultation with any of the medical colleges, academics in the field, or representative bodies. These would be the best people to advise you.

Proposals cited concerns of "stakeholders". It sounds suspicious to me, since these mystery stakeholders have not been named. The Board does not exist to protect vested interests, they claim to be "protecting the public". The hasty approach was not friendly, it makes people suspect your motives from the start - are there covert motives, other than the Boards stated purpose to ensure safe and ethical medical practice? Unnamed stakeholders have been heard, but not those others mentioned above?

I do not agree with the way the proposed terms are classified

Poor definitions and unnecessary divisions

The proposal to provide Conventional doctors and Integrative doctors with different guidelines is a form of political bullying. The reason for classifying them differently is not because of demonstrated harm by the superiorly educated Integrative doctors, but on account of having been classified by you as "non conventional". This *othering* is unacceptable. All doctors should follow the same guidelines.

With regard to Complementary medicine, defining allopathic doctors as conventional, and non allopathic as non conventional is academic. It can easily be argued that complementary medicine such as Naturopathy is conventional, because so many people use it, whilst herbs and Traditional Medicine have been used historically for thousands of years, this is hardly non conventional. So these labels are arguable. One code of practice should apply to all. It seems that dividing these medical approaches is intended to class them as good or bad, superior or inferior in the public mind.

Integrative Medicine which is low risk, has been linked with "emerging technologies" that could be experimental, and potentially unsafe. These are both defined as "other" by you, that is, not conventional, whereas "emerging technologies" do require to be managed separately.

Freedom of Choice is a RIGHT

Pre-existing Underlying Assumptions

Lack of evidence to justify the proposals

Given the current political climate of rapidly vanishing human rights and democracy, and taking into account your approach above, I find that your stated aim of protecting the public is spurious. Taking health care choices away from people is not protecting them. You keep talking about guidelines when in actual fact you are proposing new laws. Guidelines are suggestions, laws are mandatory.

The main premise underlying the proposal is unspoken: that Conventional Medicine is superior to Non conventional, and also that the Board knows what is best for people. Whilst Non conventional Medicine includes a wide range of modalities and practices, some far more efficacious than others, no one appears to have come forth with a study that objectively compares outcomes across this range; this is because the people who would have the money to fund such research are the drug cartels. Therefore the assumption that relying on pharmaceutical products is superior practice remains unchallenged. This assumption is therefore merely opinion that has been paid to be biased. If there is no objectively rational basis for the unspoken premise that conventional medicine is superior, then all modalities should be given an equally free range of expression, and indeed, the same oversight.

There is no evidence in the discussion paper that quantifies risk in practising Complementary or

Integrative Medicine vs. "Conventional" Medicine. On the other hand, there is a large amount of statistical evidence showing harm from the use or misuse of pharmaceutical drugs that you have not brought to our attention. It is your job to pay attention to this, not mine. In this respect there is evidence of bias and hidden agendas, as reactions to drugs *and vaccines* are documented - we all know that. Yet there is a strong push for mandatory vaccines, its nothing short of totalitarian. I know this comes under the TGA, but public perception remains the same. Therefore how can there be any trust? I know a young mother with a vaccine damaged child, who is forced to home school him, in order to avoid further vaccine damage. What happened to the Hippocratic Oath?? When did that go out of fashion?

Complementary Medicine Products

I thought that regulation of such products was the province of the TGA. Since I am not clear about that, I include my feedback on this topic. With regard to a wide range of supplements now on the market, some are efficacious and some are'nt. This industry is inadequately regulated in some areas. For example Magnesium Oxide is only about 40% absorbed by the body, but people on low incomes are still buying the cheapest form of Magnesium believing that it is helping them.

In other respects this industry "natural remedies" is over regulated. For example irradiating herbs that come from overseas would be rendering them virtually useless. Would the government regulate its own regulation? If a herb is traditionally known to work, does it still work after being subjected to huge amounts of radiation? I doubt it. After demanding that a product be irradiated, who is going to test it to see if it still works?

However if you were to demand that purveyors of "natural remedies" prove their product is efficacious, as I have already said, they would become even more expensive than they are now. If the product does no harm, then the current disclaimer/s on packaging are sufficient. People are free to research all manner of treatments online, as to their efficacy.

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

I do believe there is a different solution: public education in the form of a tv series would be beneficial. The public should be informed how supplements are made, the quality of the raw materials, (often poorer quality raw products are marked for export, as in the case of Chinese Herbs) and the manufacturing processes should be completely transparent. This would be far less expensive, and most likely reach a wide range of viewers, than requiring producers to prove the efficacy of their product, and it would keep manufacturers on their toes if they were open to such public scrutiny. The customers right to choose would remain intact. Transparency is what is required. These kind of programs are becoming popular, eg "Trust me I'm a doctor" and "Medicine or Myth".

Emerging technologies and the Hippocratic Oath

The phrase "Emerging Technologies" by its very nature requires a separate set of guidelines and should not be lumped in with Complementary Medecine and Integrative Medecine, for which practitioners have been trained. However whilst emerging technologies should be given a suitable range of movement to allow for innovation, and considered on a case by case basis, we should bear in mind the Hippocratic Oath "first do no harm". This applies as much in science as it does in medicine. I believe that emerging technologies should be required to provide evidence of benefit, and no evidence of harm. Unfortunately this is not the case with vaccines.

The Board could argue that emerging technologies, for example stem cell treatments, could be used alongside fraudulent claims or misleading advertising. However this problem exists throughout our world, whether it be warm socks that are not warm, or various misleading food labelling that we find in our supermarkets which is rampant. It is virtually impossible to test every product for its claims, so by and large, claims are not allowed. If you had to do extensive testing, by that time it has become

unaffordable and perhaps uneconomical to even produce. So "buyer beware". For unconventional medicine, all that needs to be required, that it does not harm, and a disclaimer for people to use the service or product *at their own risk*. I believe this to be the current status quo.

In order to protect surgeons and other conventional practitioners, we often come across this disclaimer already. eg A person has back surgery, but "don't blame me if you end up a paraplegic". We are asked to sign a paper before surgery that we acknowledge the risks. I submit that if the public is to retain its RIGHT to choice in the field of medicine, they have to be prepared to take risks, and this already happens in the provision of pharmaceutical drugs. Most drugs have side effects which we can read in the small print that comes with the packet. Side effects of "emerging technologies" in medicine should be no different. There is no need to provide different rules for other forms of medicine.

Having said that, it was only ever "emerging technologies" in medicine or in other fields of science, that brought us new inventions, innovations or new ways of looking at things. Madame Curie brought us breakthroughs, but she paid the price. This the nature of stepping forward into the unknown. If you prevent a child from climbing a tree because he might fall, this child is not protected but inhibited. The child needs to test what is going to work in order to grow. The parent must assess the situation according to the tree, the child's capability and so on. As such, emerging technologies need to be given scope to explore, whilst preventing anything that has a known deleterious effect, and this has to be done on a case by case basis. It should not be ruled against because Big Pharma would prefer to be favoured as the patients' choice. Australia cannot Advance as Fair unless emerging technology is supported by a cautious and careful curiosity, and a willingness to admit that we don't know everything.

Provide evidence of harm across all disciplines

Non Conventional and Integrative Medicine per se should not be penalised by adding new restrictive laws prior to documenting evidence of harm. This would be putting the cart before the horse. Applying new restrictions needs to be justified by supplying evidence of harm on a case by case basis for all forms and practices of medicine.

The Government should stop pretending they care about Emerging Technologies

Unfortunately our leaders in their rush for money, have not applied this rule of caution to the EMERGING TECHNOLOGY OF WIRELESS RADIATION and in particular 5g. Its no secret that the government values money more than human life. Here is a potent example of a new disease causing factor that is barging into our environment with no restrictions applied, no caution and even no testing! 5G is the elephant in the room. This deliberate breaking of the rules will cause thousands or even millions of deaths, as well as devastating destruction in all levels of the biosphere. This example underlines my point that vested financial interests and corruption are an endemic problem in our so called democracy. Of course, you can wipe your hands of this, because it is not classed as a medicine or even as a poison.

WHOM DO YOU SERVE? The Unseen player - a law at odds with humanity

Companies with vested interests in pharmaceutical products are required, as are all companies, to act in the interests of shareholders: **Sherman Act 1890**. Shareholders are interested in money, not in health, therefore the companies are legally required to do whatever they can to secure their profits, often disregarding the interests of others. Company Law is in fact at odds with the interests of mankind, and this problem also exists in the case of unapprehended "lawful" environmental destruction and degradation throughout the world. The Board needs to be aware of this problem and act accordingly in the interests of the public, not in the interests of STAKEHOLDERS.

I fear that the proposals are backed by vested interests. Perhaps the top heavy Big Pharma fears it is losing ground and wishes to secure its pecuniary interests using the Law? If this is the case, we need to ask ourselves whose interests are we upholding? Are we in fact protecting people at "the top", whilst

pretending to protect "we the people"? If this is true, then only personal integrity can answer the question at this stage. Presumably your job description is working for the public, not for drug cartels.

My doubts are reasonable. It has been stated that 40% of the public has now engaged unconventional medicine, either regularly or at some stage. It does not matter if it is a bit above or a bit below this percentage - the use of unconventional medicine is increasing significantly.

This can mean a number things:

1) that efficacious new treatments are coming onto the market, whether they be in the form of supplements or practices, new discoveries of the properties of foods or whatever, OR

2) usage of existing "non conventional" treatments such as herbs or ancient remedies, (which hold historical significance having proven results) are having better results for the patient than what their doctor has prescribed.

3) pharmaceutical treatments are not being preferred because of any of the following reasons:

a) they are too expensive

b) they are not working

c) they are seen as toxic or have too many side effects

[Shocking that the preparation for colonoscopy is drinking a large amount of toxic aspartame, so I refused. This should be outlawed. I can't say I felt protected.]

d) drug companies are being mistrusted in general for pushing toxic vaccines and seen to be more interested in money than real health

In my view, a claim to be protecting the public would consist of a strenuous effort to protect their RIGHTS to choose their own consultant, and their own treatment, whilst the public is fully cognisant of which persons or protocols are endorsed by the Board and which are not.

The fact that 40% now use non conventional medicine is itself a giveaway. If the public's right to choose had been protected and upheld, diminished inclusion of insurance by health funds for non conventional treatments would not have recently occurred. Perhaps the Board was not involved in this decision, I do not know, but the public has shown their interest in diversification by creating this trend, while it has not been supported by Health Funds, but rather penalised.

One size does not fit all

Australia is home to increasing cultural diversity. If the Medical Board aspires to diligence in protecting public health, it should recognise that different modalities are favoured by different genomes, by different cultural traditions, and by different individual medical histories. For example a person who has been injured by a conventional doctor may seek a naturopath, whilst a person having no results from a naturopath may seek conventional medicine. The choice should be theirs, not yours, as there is no such thing as one size fits all.

Better methods? - Effective complaints procedures should provide improved self regulation

People need to feel that they can sue therapists or doctors of any modality or profession for fraud, negligence or misleading claims, but the playing field here needs to be equal. This in itself would be a safeguard sufficient for doctors and healers to act with care and integrity and to act responsibly. They need to be made accountable in THIS manner, not by restrictive laws that are made by bureaucrats, and which apply in a generic manner. All complaints should be heard without bias, and not by singling out any unconventional practice for public shame or humiliation when pharmaceutical drugs have an equal or worse record for negative effects. Until now, such fairness has not been the case.

Sincerely, Jane Jennings

From: Suanne Jensen [REDACTED]
Sent: Friday, 5 April 2019 2:32 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

Hi

I look for a doctor who uses integrated medicines.

Shouldn't it be doctor and patient discussion to either use pharmaceutical medicine or integrated herbal products depending on the medical problem/situation.

A lot of people these days prefer to recover naturally free of pharmaceutical medicines.

What you are trying to do is a big backward step. I don't know what's wrong with you people.

Regards

Suanne Jensen

Lennox Head

From: Janice Johnson [REDACTED]
Sent: Thursday, 21 March 2019 7:38 PM
To: medboardconsultation
Subject: Limiting and controlling 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 illnesses, having seen no such 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's in their respected field.

Yours sincerely,
Janice Johnson

From: Wally Johnston [REDACTED]
Sent: Monday, 29 April 2019 1:01 PM
To: medboardconsultation
Subject: 'Public consultation on complementary and unconventional medicine and emerging treatments'

'Submission for Public consultation on complementary and unconventional medicine and emerging treatments'

The goal of the health system is to help the community to manage their health & interventions. Also the goal is to do this in a cost effective sustainable way.

That said: why is the government making it so hard for doctors that focus on teaching good health habits & prevention of disease to perform their job ?

It is a no brainer the community will be healthier & overall healthcare costs will be reduced. The current focus on disease management is not sustainable in the future.

Regards, Wally Johnston (Registered Osteopath [REDACTED])

Wally Johnston
Osteopathic Health Solutions
[REDACTED]
[REDACTED]
[REDACTED]



'OSTEOPATHIC HEALTH SOLUTIONS'
We will help 'Solve' your problem

From: [REDACTED]
Sent: Thursday, 27 June 2019 5:38 PM
To: medboardconsultation
Subject: Proposal to limit intergrative medecine in Australia.

To whom it may concern

I find this proposal utterly ridiculous. I am a healthy [REDACTED] year old woman, who has had good health for most of my life, made better by the help of integrative medicine. Following good health principles, eating a well balanced diet and gently exercise has lessened my dependence and cost to the health system. I believe that I have a fundamental right to manage my health the way I choose, which is by a more natural approach. You has a governing body should listen to the people who you are supposed to respresent, rather than the voice of large pharmaceutical companies, whose main game is money making, and are finding that more and more people are voting with their feet. We want and demand the right to choose how we approach and treat our own health.

Yours truthfully,
Wendy Johnston

From: Wendy Johnston [REDACTED]
Sent: Thursday, 18 April 2019 8:25 AM
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.

[REDACTED]
[REDACTED]
[REDACTED]
28th April 2019.

‘Consultation on complementary and unconventional medicine and emerging treatments’

medboardconsultation@ahpra.gov.au

To whom it may concern,

I am a supporter and practitioner of complementary medicine.

I am a hypnotherapist and counsellor. For example, I have helped people with anxiety and to stop smoking.

My children and I have private health insurance and use complimentary medicine.

I would like Option one to be selected – 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.

Instead of attacking companies such as Blackmores, I would like you to attack producers of carcinogenic products such as [REDACTED], DDT and agent orange, namely [REDACTED] which is [REDACTED]. I would like their products and GMO seeds BANNED from Australia.

I would also like to know exactly who is funding [REDACTED] of Friends of Science in Medicine’s research institute. Also who funds [REDACTED]? I am very suspicious of their motives to discredit complimentary medicines as a way of securing their own funding from the government. [REDACTED] does not have a good history, he helped [REDACTED]. I am very suspicious of their motives.

Kind regards,
Frances Jones
[REDACTED]

From: Kate Jones [REDACTED]
Sent: Wednesday, 10 April 2019 12:06 AM
To: medboardconsultation
Subject: RE: PUBLIC CONSULTATION ON COMPLIMENTARY MEDICINE AND EMERGING TREATMENTS

Executive Officer
Medical - AHPRA
GPO Box 9958
Melbourne VIC 3001

To the Executive Officer or whomever 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.

Please do the right thing and help my family access the right type of medicine that is appropriate for them; not for your own ill-considered and selfish reasons. They need this. Please.

Kind regards,
Kate Jones

From: Lorraine Jones [REDACTED]
Sent: Thursday, 4 April 2019 10:04 AM
To: medboardconsultation
Subject: Re complimentary medicine

I have been receiving naturopathic medicine for many years and have proof it works. Please be careful how you do a review.

From: Eva Kaiser [REDACTED]
Sent: Thursday, 4 April 2019 7:33 AM
To: medboardconsultation
Subject: Concerns

Im concerned that these issues are not addressed and decided upon in such a way as to protect existing interests of the consumers.

- 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

Eva Kaiser
[REDACTED]

From: Eva Kaiser [REDACTED]
Sent: Thursday, 27 June 2019 8:40 AM
To: medboardconsultation
Subject: Fwd: 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.

Eva Kaiser
[REDACTED]

From: Zane [REDACTED]
Sent: Friday, 7 June 2019 9:49 AM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments

Hi

I have concerns with regards to the current view of 'complementary and unconventional medicine and emerging treatments' which 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 my right to determine my 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 bias.

Regards Zane Kakoschke

From: Pauline Kalbfell [REDACTED]
Sent: Thursday, 4 April 2019 8:26 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

Consultation on complementary and unconventional medicine and emerging treatments.

Please 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.

*King Canute tried in vain to hold the tide back.
The Educated Public is the 'Tide' that can't be stopped.
They are interested in 'quiet prevention' - not 'dramatic cures'.
This Tide will laugh at King Canute if he tries to obstruct.*

*yours sincerely,
Pauline Kalbfell*

From: Luke kaploon [REDACTED]
Sent: Tuesday, 5 March 2019 9:45 PM
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

5th March 2019

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.

Regards



Luke Kaploon

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED]
Sent: Sunday, 30 June 2019 11:37 PM
To: medboardconsultation
Subject: 'Consultation on complementary and unconventional medicine and emerging treatments'

RE: 'Consultation on complementary and unconventional medicine and emerging treatments'

To the Board at AHPRA,

I support the doctors who practice integrative medicine, "bringing conventional and complementary approaches together in a coordinated way" (1), as the public wants it and will continue to use it. At least two out of three Australians use some form of complementary medicine.(1)

It is better and safer for patients to be able to discuss their use of complementary therapies and to work with their GPs to create a plan for choosing healthy lifestyle activities together.

There are doctors who want to practice traditional medicine and there are those that want to practice integrative medicine or nutritional and environmental medicine or lifestyle medicine. I do believe they have the right to do so. These are highly intelligent and educated health professionals working in a free country under democratic rule. They are entitled to choose, as are their patients.

For example, if doctors believe a patient needs education, psychotherapy, exercise and physical therapy for their lower back pain instead of opioids,(2) they should be able to refer them to other health professionals to work as a multidisciplinary team to tackle the biopsychosocial aspects of the patient's lower back pain.

As reported in a Lancet report on lower back pain, which was led by Monash University Professor Paul Myles, "a major contributor to the global opioid epidemic is inappropriately managed post-surgery pain that becomes chronic and long-lasting".(2) "Over the past decade there has been an increasing reliance on strong opioids to treat acute and chronic pain, which has been associated with a rising epidemic of prescription opioid misuse, abuse, and overdose-related deaths."(2) This is of great concern to public health and can only be addressed by multidisciplinary teams of health professionals working collaboratively such as GPs, physiotherapists, chiropractors, acupuncturists, psychologist, exercise physiologist, nutritionists etc.

Another Lancet article stated that it is important to "Promote the concept of living well with low back pain: person-centred care focusing on self-management and [healthy lifestyles](#) as a means of restoring and maintaining function and optimising participation."(3) Educating patients about healthy lifestyle choices is one of the things integrative doctors do well. Denying them this right, is denying the public good, responsible and ethical health care.

"Non-pharmacological therapies for acute low back pain include treatments such as manual therapy, exercise, massage and acupuncture." (4) Patients want this care and they are seeing allied health professionals and complementary therapists for their lower back pain. I believe it is best when their doctors can work in an integrative manner putting patient-centred care at the core of their practices.

Given it mandatory for doctors to continue professional development, if some doctors choose to study nutrition or learn about lifestyle medicine etc. so they can advise their patients about making lifestyle changes to improve their patients' health, they should have the right to do so. According to Sackett (6), evidence-based care is "The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. By individual clinical expertise we mean the proficiency and judgment that we individual clinicians acquire through clinical experience and clinical practice."

I believe doctors should be able to use their clinical experience as well as the evidence to make decisions for their patients' health and well-being. Furthermore, the patient's requests should also be respected and taken into account as "Australians invest heavily in complementary medicines, spending over \$3.5 billion each year on complementary medicines and therapies." (1)

According to the WHO, to reduce the global burden of NCDs such as cardiovascular disease (CVD), cancer, chronic respiratory disease and diabetes, the modifiable lifestyle risk factors must be addressed. Once again, doctors practicing integrative medicine, and/or nutritional and environmental medicine and/or lifestyle medicine a perfectly positioned to address these pubic health issues. (7) After all, prevention is better than cure!

Doctors have a duty of care to their patients and those that want to use integrative approaches know their is evidence to support these practices and the public are demanding this sort of care.

Regards

Fay Karpouzis

BSc., Grad DC., MSc (Hons), PhD Candidate

REFERENCES

- (1) https://nicm.edu.au/health_information/information_for_consumers/understanding_cm
- (2) <https://www.monash.edu/medicine/news/latest/2019-articles/landmark-lancet-series-reveals-poor-management-of-surgery-pain-key-contributor-to-global-opioid-crisis>
- (3) [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30488-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30488-4/fulltext)
- (4) [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30970-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30970-9/fulltext)
- (5) <https://www.bmj.com/content/312/7023/71>
- (6) <https://www.ncbi.nlm.nih.gov/pubmed/9190027>
- (7) <https://www.who.int/ncds/prevention/introduction/en/>

From: Katrina Kat [REDACTED]
Sent: Monday, 1 July 2019 10:18 AM
To: medboardconsultation
Subject: Re: 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.
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: Gizelle Kaunitz [REDACTED]
Sent: Thursday, 4 April 2019 1:58 PM
To: medboardconsultation
Subject: public consultation on complementary and unconventional medicine

Dear board members,

I am writing in a capacity of an individual member of the public to indicate that I am in favour of medical practitioners taking into account alternate allied treatments other than purely conventional medicine.

In some complex cases allied therapeutic alternate medicines are beneficial in cases where conventional treatment with pharmaceutical drugs over long term offers diminishing benefits and natural therapies or augmentation with natural products are of benefit and taken as mandated result in fewer side effects or even toxicity.

High doses of fish oil have an effect of lowering high cholesterol as well as particularly in patients not in the high risk category.

Other plant based non pharmaceutical tablets are effective in promoting restful sleep without resorting to manufactured drugs.

Severe arthritis is helped by anti inflammatory products such as turmeric and high dose fish oil which can be taken in a tablet form but cannot realistically be consumed in therapeutic doses in the high quantity necessary for benefit.

There are a number of vitamins and minerals which are helpful in elevating levels in the body to be of benefit if the diet does not offer optimal levels.

Complementary medicine was always accepted as good practice in Asian cultures as well as many European cultures and has resulted in fewer adverse effects and addictions and toxic levels that we now experience with heavily marketed pharmaceuticals. Patient taking a cocktail of drugs experience synergistic effects and cross reactivity because of the high doses of medication over long periods. Low doses of natural therapies recommended by professionals can has a beneficial effect long term provided the dosage is managed by the practitioners.

Naturopaths are in a good position to manage patient long term so long as they have no acute condition and all medication ingested is taken into account.

Dr Gizelle Kaunitz

Consultation on complementary and unconventional medicing and emerging treatments

Firstly I am simply appalled that the government has, in any way, a right to dictate to me and my family, how we look after our health.

Generally, those who choose to seek out integrative medical practitioners do so because they are taking responsibility for their health, and are not prepared to simply say yes doctor, no doctor. These are the people who do not get to swipe their medicare card on the way out the door, and do not put a huge burden on the PBS.

OPTION 1

is, in my humble opinion the only option there is, if we are to live in a free democratic society.

If the board ends up deciding on Option 2, may I respectfully suggest it looks much harder into its “conventional” practitioners. I know of numerous people who only obtained a diagnosis for cancer after seeing an integrative medical practitioner, and quite frankly, who would be dead now if they had continued with conventional doctors.

Questions

1. I agree with the proposed term
2. I agree
3. No

4. there are probably more concerns with the “conventional” practitioners.

5. No, I don’t believe so if the people they seek out are qualified
People surely must take responsibility for their choices.

6. Quite frankly, I don’t think the board is at all interested in evidence and data that isn’t backed by “science” and drug companies.

7. YES

8. There are more issues in traditional conventional medicine that in integrative. Why does the board think so many doctors are moving away from “conventional”???

9. OPTION 1 ONLY

11. OPTION 1

Robyn Kay

From: [REDACTED]
Sent: Friday, 19 April 2019 3:03 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

To whom it may concern

Those with the most gold, make the evidence.
The pharmaceutical industry funds the majority of medical research.
They do not fund research of something if it will not lead to huge profits for them.

Below is a link to a database of evidence based research, for therapies that will not put money in the pharmaceutical industry's coffers:

<http://www.greenmedinfo.com/greenmed/display/therapeutic-action>

Stop being henchmen (or flying monkeys) for legalised druglords.

Yours sincerely
Angela Kelly

From: Bridget Kelly [REDACTED]
Sent: Wednesday, 3 April 2019 5:49 PM
To: medboardconsultation
Subject: New regulations proposal

To who it may concern,

I am writing as a concerned believer and user of natural health medicine.

I find the current proposals unwarranted and I would like option one to be voted for please.

Many thanks
Bridget Kelly

From: Mary Kennedy [REDACTED]
Sent: Wednesday, 26 June 2019 10:01 PM
To: medboardconsultation
Subject: Public Consultation on complementary & unconventional consultation & emerging treatment.

I wish to voice my concern at the proposal of the MBA to make a distinction between medical practitioners who use complementary therapies/products and those who do not, who instead choose to follow a narrow base of treatment based on surgery & pharmaceutical drugs. In this latter case, both treatment modalities come with significant & often indeterminate risk factors, often significantly greater than risks associated with complementary & "natural" approaches.

And for that matter, please where are the research studies which indicate the risks associated with complementary therapies?

I have always thought that the first directive and the absolute directive of any medical personnel was "Do no harm" - given that 30% of people admitted to hospital are there due to iatrogenic disease the MBA surely should be focusing more on conventional medical approaches than complementary as the problem to be addressed.

And we need to give the doctors who opt to supplement their care with complementary therapies credit for being intelligent beings. After all, they have received extensive training initially & are required to continually stay abreast through on-going professional development. Is the MBA saying that 30% of medical practitioners are not capable of making an informed decision about the suitability of the care they provide to their patients? The vast majority of these practitioners would have gone on to do post grad training in alternative & complementary medicine, which is provided by credited and recognised institutions.

At a personal level, I have suffered from a chronic problem - all medical tests are negative. The issue is a functional one & can only be addressed by an integrative medical practitioner who understands that the road to overt, structure based disease is generally a long one, with indications of dysfunction long before overt disease. It is at this point that alternative & complementary approaches are the best and really the only option for treatment of functional dysfunction.

I, as a member of the public, wish to make very clear my support for Option 1 of the MBA's proposal.

Sincerely,
Mary Kennedy
BA, DipEd, BAppSC (Chiropractic)

From: [REDACTED]
To: [medboardconsultation](#)
Subject: review complimentary/integrative medicine
Date: Friday, 5 April 2019 10:22:15 AM
Attachments: [The vitamin epidemic Internal Medicine Journal copy 2.pdf](#)

Dear Reviewers

I have seen the comments by various practitioners and also ones relating to the number of studies that support vitamin and other therapies.

I attach a recent article from the RACP's Internal Medicine Journal which presents an up to date review of the present data.

A/Prof Michael Kennedy

CLINICAL PERSPECTIVES

The vitamin epidemic: what is the evidence for harm or value?Michael Kennedy 

St Vincent's Clinical School, UNSW Medicine, UNSW Sydney and Department of Clinical Pharmacology and Toxicology, St Vincent's Hospital Sydney, Sydney, New South Wales, Australia

Key words

vitamins, toxicity, healthy individuals, indications.

Correspondence

Michael Kennedy, Department of Clinical Pharmacology and Toxicology, St Vincent's Hospital, Sydney, NSW 2010, Australia.
Email: drmkenn@ozemail.com.au

Received 15 November 2017; accepted
4 May 2018.

Abstract

Complementary medicines are a multibillion dollar industry of which vitamin supplements are an important component. Most of the claims of benefit are not evidenced based, and vitamin supplements may be associated with severe adverse reactions that are uncommon but can occur with high doses of some vitamins. There is no case for vitamin supplementation in normal, healthy, non pregnant or lactating adults who are receiving the recommended daily intake of nutrients.

Introduction

Vitamins are required constituents of the human diet because they are synthesised inadequately or not at all in the human body.¹ They form prosthetic groups of enzymes, or serve as their cofactors participating in the metabolism of carbohydrates, fat and proteins with vitamins A and D acting as hormones.² The 2017 dietary requirements of vitamins during all stages of life and pregnancy are published in detail in the Nutrient Reference

Values publication by the Department of Health and Ageing and The New Zealand Ministry of Health.³

Manufacturers target common illnesses such as heart disease and specific markets such as post menopausal women and frequently use prominent personalities in their promotion. The Australian Bureau of Statistics household survey of over 12 000 individuals aged over 2 years of age revealed that in the preceding 24 h, when broken down into various age groups, between 10.5% and 23.4% had taken a vitamin or mineral supplement.⁴ In 2016, the complementary industry reports an industry revenue including exports as \$4 200 000 000, pharmacy sales being 41%, supermarkets 26% and health food shops 25%.⁵

Funding: None.

Conflict of interest: None.

This overview will consider only the fat soluble vitamins A, D, E and K and the water soluble ones thiamine B₁, riboflavin B₂, niacin B₃, pyridoxine B₆, B₁₂, folic acid, biotin and vitamin C. Pantothenic acid is often marketed as B₅ and has been included for this reason. It will not consider mineral or other products used in combination with vitamins or megadose vitamin therapy. Nutrient Reference Values mentioned in this article are for healthy non pregnant or lactating adults and are expressed as adequate intake, recommended daily intake (RDI) and upper limit (UL). Where there is no UL, it is stated as not possible.³

In this overview of a huge area, marketing and promotional activity was obtained by Google searches and promotional material. Literature searches were undertaken largely using PubMed, Google Scholar and the Cochrane reviews.

Numerous trials of varying size and sophistication have evaluated the effects of various vitamin and mineral supplements in generally healthy populations. From these differing opinions as to benefit can be found used in promotion and can be supported by some of the literature. For example, a large meta analysis published in the *British Medical Journal* concluded that 'there was no evidence to support the use of vitamin and antioxidant supplements for the prevention of cardiovascular diseases'.⁶ Subgroup analyses, that are often quoted, in the same study revealed that there were some individual studies that showed marginal benefits of some vitamins and these were ones where pharmaceutical companies supplied the supplements.

Numerous investigations involving over 10 000 participants have evaluated the effects of various supplements on malignancies. The Physicians Health Study reported an inverse relationship at the *P* value of 0.04 between a multivitamin supplement containing 30 vitamins and minerals and malignancies in physicians but no specific cancer was identified.⁷ Other reviews have not found that vitamin or antioxidant supplementation reduces the incidence of malignancies or increases the lifespan.^{8,9}

Vitamin A

Vitamin A is a generic term for a retinol, retinal and retinoic acid found in animals. The term 'retinoids' has been used to define these substances as well as other compounds with vitamin A like activity. The provitamin of vitamin A is the plant pigment β carotene.

Vitamin A is required to maintain the integrity of epithelial cells, a regulator of gene expression in the encoding of proteins, is needed to maintain differentiation of the cornea and is a requirement for photoreceptors in the rod and cone cells. It also has antioxidant

properties and numerous effects on the immune system as well as being essential for embryogenesis.^{2,3} Promotional advertising includes prevention of cancer, building immunity, healthy skin production, helping development of the nervous system and improving vision.

Toxicity occurred in Antarctic and Arctic explorers who consumed the livers of seals, huskies or polar bears and can be fatal. It is characterised by raised intracranial pressure, exfoliative dermatitis, nausea and vomiting, diplopia and convulsions.¹⁰

Chronic toxicity has been described in sportspeople¹¹ and as a complementary therapy.¹² It is associated with teratogenicity and contraception is required for at least a year after taking this drug.¹

Of particular concern are other data that have linked vitamin A to an 18% increased incidence of lung cancer in a study of 29 133 Finnish smokers who received either α tocopherol 50 mg or β carotene 20 mg¹³ and a 28% increase of lung cancer in a similar study in 18 314 smokers, some of whom had also been exposed to asbestos.¹⁴ A slight but significant increase in cardiac events was also found in both these studies.

There does not appear to be any case for supplementation in otherwise healthy individuals and there is the possibility that it is linked to cancer in some individuals. Particular care is needed not to exceed recommended doses in pregnancy because of the possibility of miscarriage and teratogenicity.

The UL for both sexes in retinol equivalents is 3000 μ g/day.³

Vitamin D

7 Dehydrocholesterol is synthesised in the liver and found in the skin; ergosterol is found in plants. A photolytic reaction produces ergocalciferol (vitamin D₂) and cholecalciferol (vitamin D₃); they are equipotent and converted in the liver to 25 hydroxy D₂ and 25 hydroxy D₃. A second hydroxylation occurs in the kidney to form 1,25 dihydroxy D₃ (calcitriol) and 1,25 dihydroxyvitamin D₂, which are the activated forms of vitamin D.²

In 1848 one of the world's first clinical trials in more than 1000 patients with tuberculosis showed that of those who received a spoon full of cod liver oil three times daily, 19% died or deteriorated compared to 33% in the control group. Active promotion of vitamin D in the United States had resulted in annual sales rising from \$50 000 000 in 2005 to \$600 000 000 in 2011.¹⁵

From a global perspective vitamin D deficiency may be a worldwide problem.¹⁶ Low vitamin D status has been demonstrated in the elderly and low 25 hydroxy D status has been linked to many acute and chronic disease processes. Increasing the low concentrations does not

appear to alter the occurrence or course of the conditions apart from a slight decrease in all cause mortality in the elderly with low levels of 25hydroxy vitamin D.¹⁷

Several long term studies are nearing completion that may show some benefits in the areas for which there has been extensive but not evidence based promotion.¹⁵ Of these long term studies, a large well designed New Zealand study has recently reported the results of a randomised trial of monthly high dose therapy. In this community based study numerous cardiovascular outcomes were measured in an active treatment group of 2558 who received an initial dose of 200 000 IU followed by monthly doses of 100 000 IU against a placebo group of 2552. The authors concluded that high dose therapy does not prevent cardiovascular disease but that daily dosing requires further study.¹⁸

Epidemiological studies have shown inconsistent relationships between vitamin D and various malignancies. A very large Mendelian randomisation study of 70 563 patients with one of seven malignancies (prostate, breast, lung, colorectal, ovarian, pancreatic and neuroblastoma) and 84 418 controls was unable to find any association between levels of vitamin D and these malignancies. The authors considered that vitamin D supplementation should not be recommended as a means of preventing cancer.¹⁹

Hypervitaminosis D is unusual. It is characterised by hypercalcaemia and impaired renal function and has been reported as a complication of over the counter medication use when taken in very large doses.²⁰

At present there is no case for routine supplementation of vitamin D unless there is a clinical or biochemical indication.

The UL for both sexes is 80 µg/day.

Vitamin E

Vitamin E is a mixture of tocopherols, of which 90% in human tissue is in the form of RRR α tocopherol. It is the most abundant natural antioxidant in the lipid phase of cell membranes.² Plants synthesise eight different forms of vitamin E, with isometric differences to the synthetic forms.²¹ Commercial products are marketed as mixed tocopherols.

Overt clinical deficiency has never been described in normal individuals even on a diet low of the vitamin. Despite this it has been recommended as treatment for a very large number of medical conditions and is the subject of an enormous volume of medical and non medical literature. Some of the studies have involved co administration with vitamin C as it participates in the regeneration of α tocopherol. It is actively promoted for use in all vascular diseases, prevention of numerous

malignancies, dementia, slowing ageing, improving sporting performance, protection against air pollutants and many other conditions.

There are only a very small number of adult medical indications, such as rare vitamin E responsive autosomal recessive neurodegenerative disorder, for prescribing vitamin E.²² A recent meta analysis of 19 clinical trials involving 135 697 patients' trials by Miller *et al.* concluded that high doses of ≥400 IU/day (1 IU = 0.67 mg D α tocopherol, or 0.9 mg DL α tocopherol synthetic) may increase all cause mortality.²³ Following a Cochrane review with similar conclusions on mortality, researchers supported by the complementary industry in 2017 disagreed with this conclusion and criticised the study on the basis of appropriateness of data sets, validity of methods and generalisability of results. In correspondence, the authors of the Cochrane review strongly disagreed with their conclusion.²⁴ At present the data show that there is a dose related increase in mortality and as such supplementation should be avoided. Vitamin E has antiplatelet actions and has also been shown to cause increased haemorrhagic events in patients receiving warfarin.²⁵

There does not appear to be any benefit in prescribing vitamin E supplementation to otherwise healthy subjects.

The UL for both sexes is 300 α tocopherol equivalents.

Vitamin K

Vitamin K is a group of compounds that vary in the number of isoprenoid units in their side chain. It circulates as phyloquinone or phytonadione (vitamin K₁). The hepatic stores are in the form of menaquinones (vitamin K₂) and there is considerable endogenous synthesis of vitamin K by gut bacteria.² Its main function is to maintain coagulation status. It has a role in bone mineralisation, being a requirement for the carboxylation of osteocalcin and has been considered as possibly having a role in promoting valvular and arterial decalcification. A Cochrane review was unable to confirm that it had any value in the prevention of cardiovascular diseases.²⁶

There is considerable promotion for the use of vitamin E for 'bone health' in the social media but its place in the prevention of osteoporosis is not determined. High doses are considered non toxic in adults.²⁷ Co administration with warfarin or similarly acting anti coagulants is contraindicated.

Reference values for daily adequate intake are 70 µg for males and 60 µg for females, but there is no UL

Vitamin C

Ascorbic acid has many functions, including the synthesis of collagen, some neurotransmitters, epinephrine and

steroidogenesis. In addition, it enhances absorption of non haeme iron and participates in bone mineral metabolism.² After absorption it is retained in the body until the daily intake exceeds 400–500 mg/day when no more is reabsorbed in the proximal tubules and urine concentrations progressively rise. This can result in renal calculi that appear to be more common in men than women.^{28,29} Additional adverse effects of high doses include upper gastrointestinal symptoms and diarrhoea. Dialysis patients receiving doses of 500 mg or more may develop hyperoxalaemia.

While not identified until 1912 and isolated in 1928, John Lind's clinical trial on the HMS Salisbury in May 1747 was pivotal in showing that scurvy responded to dietary changes. Vitamin C deficiency is now very rare but not unknown in Australasia.³⁰ Vitamin C gained enormous popularity as a result of the dual Nobel Laureate Linus Pauling claiming it was effective in preventing some illnesses including the common cold. It is promoted to boost the immune system, lower hypertension, treat lead toxicity, cure cataracts, treat cancer, combat stroke, maintain elasticity of the skin, heal wounds and control the symptoms of asthma.

A Cochrane review of 29 trials involving 11 306 participants, including children, adults, military personnel on subarctic exercises and marathon runners, concluded that the incidence of colds was not reduced but the duration of a cold may be decreased. Routine supplementation with vitamin C was not indicated.³¹

Population based studies have found an inverse relationship between plasma concentrations of vitamin C and vitamin C intake and blood pressure. A recent meta-analysis and subsequent editorial in the same issue of the journal concluded that there was insufficient evidence to recommend vitamin C to lower blood pressure.^{32,33} A further Cochrane review found it had no value in the primary prevention of cardiovascular disease.³⁴

There are observational studies and favourable case reports in some patients with cancer, but no randomised controlled trials have shown benefit.³⁵ A recent meta-analysis of randomised controlled trials could not find evidence to support its value in the prevention of malignant diseases.³⁶

High doses are definitely associated with adverse reactions so there does not seem to be any place for routine supplementation in healthy individuals.

RDI for both sexes is 45 mg/day without an UL.

Thiamine (vitamin B₁)

Thiamine is essential for carbohydrate metabolism and for the metabolism of branched chain fatty acids.

Deficiency results in beriberi and deficiency does not occur in healthy individuals.² Most thiamine is administered with other vitamins and minerals. Parenteral thiamine can occasionally produce allergic reactions.³⁷ Promotional advertisements describe non specific symptoms such as fatigue, loss of appetite, numbness as well as enhancing blood circulation.

Therapeutic overdoses caused a syndrome of irritability, insomnia, tachycardia and generalised weakness when regular doses of 20–40 mg/day were prescribed for settlers in the tropics and had been taken for weeks to overcome the effects of their moving from cooler climates.³⁸ This practice has now ceased and there are no indications for routine supplementation.

The daily RDI for males is 1.2 mg and for females 1.1 mg, without an UL.

Riboflavin (vitamin B₂)

Riboflavin exists in two active forms: flavin mononucleotide and flavin adenine dinucleotide, and is a requirement for carbohydrate and lipid metabolism. Dietary deficiency causes angular stomatitis, glossitis and dermatitis. High doses appear to be free of adverse effects apart from sometimes causing gastrointestinal symptoms such as abdominal pain and diarrhoea.³⁹

Riboflavin has been recommended for migraine. This is a condition where there is a high placebo response and clinical trials have shown variable results, with one review concluding 'there is insufficient evidence to make recommendations regarding B₂ as an adjunct therapy for preventing migraine symptoms in adults' and another considering it may reduce frequency of attacks.^{40,41} In addition, riboflavin is promoted for eye health (usually prevention of cataracts), preventing anaemia, maintenance of energy levels, protecting the skin and prevention of cancer but none of these claims has a reliable evidence base.

There is no UL stated for riboflavin.

Niacin (vitamin B₃)

Nicotinic acid is the generic name for nicotinic acid and is converted to nicotinamide. In the form of NAD⁺ and NADP⁺ it is essential for many oxidoreductase reactions. As it can be synthesised from tryptophan it may not be considered a true vitamin. Deficiency causes the 4D's of pellagra: dermatitis, diarrhoea, dementia and death. Therapeutic doses raise high density lipoprotein cholesterol and were commonly used to treat vascular disease, but these have now been largely discontinued because of lack of efficacy as well as its adverse reaction profile.⁴² It is promoted for numerous indications including

lowering cholesterol, improving the circulation, improving energy levels and enhancing cognition.

Doses are limited by adverse effects of flushing and nausea and high doses cause hepatotoxicity.

The UL for both sexes is 35 mg niacin equivalents.

Pantothenic acid (vitamin B₅)

Pantothenic acid is also known as vitamin B₅ and is a component of coenzyme A and phosphopantetheine. It is involved in the metabolism of fatty acids, cholesterol, steroids and the acetylation of proteins.² Experimentally induced deficiency causes depression, muscle cramping, ataxia and 'burning feet'.^{43,44} Advertisements include the 'alleviation' of conditions such as asthma, hair loss, allergies, stress and anxiety, respiratory disorders and heart problems.

There are no well defined indications for its use as a dietary supplement.

There is no UL for pantothenic acid.

Pyridoxine (vitamin B₆)

Vitamin B₆ is a mixture of pyridine (an alcohol), pyridoxal (an alcohol), pyridoxamine and 5 phosphate esters. The phosphate is the major active form and is a cofactor, particularly for amino acid metabolism and many other reactions.² It is indicated for sideroblastic anaemia, homocystinuria and prevention of isoniazid induced peripheral neuropathy. Deficiency causes depression, irritability and depression and later convulsions and coma. A hypochromic microcytic anaemia may also develop.¹ In addition, it is used in rare cases of refractory epilepsy in children.⁴⁵ Advertisements include the prevention of vascular disease, premenstrual tension, stabilising diabetes and improving brain function.

A Cochrane review did not find any evidence it improved cognition but did not find any severe adverse effects.⁴⁶ A sensory peripheral neuropathy develops with long term high dose use and has been described in the situation of vitamin supplementation for chronic disease.⁴⁷ The recent finding that high dose B₆ >20 mg/day was associated with an increased risk of lung cancer, particularly in smokers, and is a serious cause for concern.⁴⁸

The UL for both sexes is 50 mg.

Biotin

Biotin is also known as vitamin B₇, vitamin H and coenzyme R. It is a coenzyme in carboxylation reactions and is important in lipogenesis, gluconeogenesis and the catabolism of branched chain amino acids. It is synthesised largely by gut bacteria. Deficiency is rare but levels

fall during pregnancy.^{1,2} Biotin is extensively promoted. Indications for use include supporting healthy metabolism, improving glucose tolerance and balancing blood sugar, maintaining healthy skin and nails, preventing cognitive decline, maintaining a healthy cardiovascular system and supporting thyroid and adrenal function.

Apart from a biotin thiamin responsive neurological syndrome and its preliminary use in multiple sclerosis, there are no indications for supplementation.⁴⁹ High doses appear free of adverse reactions but may alter thyroid function tests.⁵⁰

There is no UL for biotin.

Vitamin B₁₂

Vitamin B₁₂ is a cofactor for methionine synthase and L-methyl malonyl CoA mutase and is essential for erythropoiesis, initial myelination and later maintenance of the central nervous system. Vitamin B₁₂ deficiency results in syndrome of megaloblastic anaemia and myelopathy in the spinal cord.⁵¹ There is considerable promotion for supplementation in sport for which there is no substantial support. The American Food and Nutrition Board in the United States recommends that healthy older adults should consider supplementation on the basis that 10–30% of people over 50 may be unable to absorb naturally occurring B₁₂.⁵¹

The relationship between mild B₁₂ and age related cognitive decline is uncertain with a Cochrane review finding that supplementation with B₁₂ improved cognitive function in demented patients with a low level of B₁₂.⁵² Although the hydroxycobalamin formulation appears to be relatively risk free, allergic reactions and diarrhoea have been reported with low doses. Large doses used for non clinical reasons are reported to cause nausea, vomiting, hypertension, bradycardia and anaphylaxis.⁵³ The finding of a twofold increased lung cancer in males receiving >55 µg/day over a period of 10 years is a cause for concern.⁴⁸ Apart from the recommendation by a US department, there does not appear to be any strong indication or proven benefit in routine supplementation with vitamin B₁₂ in healthy adults.

There is no UL for B₁₂.

Folic acid

Folic acid participates in one carbon transfers such as methylation in some synthetic pathways (e.g. choline) and is essential for the synthesis of purines and the pyrimidine thymine.^{1,2} Folate supplementation has been undertaken in some foods in Australia and New Zealand since 1996 to decrease the incidence of neural tube defects.

It is promoted to improve numerous conditions, including male and female fertility, Alzheimer disease and prevention of heart disease, as well as to improve sporting performance. There is little evidence to support any of these claims. Concerns have been expressed about the possible links between folate supplementation and carcinogenesis. The 2014 joint statement from the Cancer Society of New Zealand and the Cancer Council of Australia considered that 'people with existing bowel adenomas and those with an increased risk of developing bowel adenomas should avoid taking high dose above the upper limit of 1 mg/day of supplements that contain folic acid'.⁵⁴ This possible effect is included by some manufacturers in their advertisements.

The UL for both sexes is 1000 µg.

Conclusion

Most published data have been obtained from generally healthy populations where variables such as adequate diet, exercise and other life style factors may influence the results. These present data may not be applicable to some poorer communities. In similar populations to

those studied, excluding pregnant and lactating women, it is very hard to justify the use of vitamin supplementation in healthy individuals with a recommended dietary intake of nutrients as published in the Australian Dietary Guidelines.³ Ultra endurance athletes and others who have extreme training programmes and competition events have special dietary requirements but they do not need pharmaceutical products. Vitamin D is usually prescribed when there is a biochemical measure to recommend its prescription. Despite exaggerated claims made about vitamin E, the association of increased mortality with high doses is a cause for concern and patients should be informed accordingly. The carcinogenic properties of vitamin A and folic acid are probably confined to subpopulations. The more recently reported effects of pyridoxine and vitamin B₁₂ relate to high doses and may require more supporting data but are cause for concern. Severe adverse effects to some vitamin preparations are uncommon but occur when very large doses have been consumed. The ULs suggested for vitamins C and B₁₂ as not possible in the Nutrient Reference Values may need revision in view of the possible adverse effects of high doses.

References

- Russell RM, Suter PM. Vitamins and trace mineral deficiency and excess. In: Russell RM, Suter PM, eds. *Harrison's Principles of Internal Medicine*, 19th edn. New York: McGraw Hill Medical Publishing Division; 2017; 149–59.
- Dominiczak MH, Broom JI. Vitamins and minerals. In: Baynes J, Dominiczak M, eds. *Medical Biochemistry*. UK: Elsevier Health Sciences; 2014; 126–36.
- Australian Government Department of Health and Ageing. National Health and Medical Research Council. New Zealand Ministry of Health 2017. Australian Nutrient Reference Values for Australia and New Zealand 2006 Updated. [cited 2018 Jun 26]. Available from URL: <https://www.nrv.gov.au/>
- Australian Bureau of Statistics. Australian Health Survey: Nutrition First Results – Food and Nutrients 2011–12, table 11.2 Supplement Consumption. Released May 2014. [cited 2018 Jun 26]. Available from URL: <https://www.abs.gov.au>
- Complementary Medicines Industry. Snapshot 2016. [cited 2018 Jun 26]. Available from URL: www.cmaustralia.org.au
- Seung Kwon M, Ju W, Cho B *et al*. Efficacy of vitamin and antioxidant supplements in prevention of cardiovascular disease: a systematic review. *Br Med J* 2013; **110**: 346.
- Gaziano JM, Sesso HD, Christen WG *et al*. Multivitamins in the prevention of cancer in men. The physicians health study II randomised controlled trial. *JAMA* 2012; **308**: 1871–80.
- Wang L, Sesso HD, Glynn RJ, Christen WG *et al*. Vitamin E and C supplementation and risk of cancer in men: posttrial follow up in physicians' health study II randomised trial. *Am J Clin Nutr* 2014; **100**: 915–23.
- Bjelakovic G, Nikolova D, Gluud C. Antioxidant supplements and mortality. *Curr Opin Clin Nutr Metab Care* 2014; **17**: 40–4.
- Cleland J, Southcott RN. Hypervitaminosis A in the Antarctic in the Australasian Antarctic expedition of 1911–1914: an explanation of the illnesses of Mertz and Mawson. *Med J Aust* 1969; **26**: 1337–42.
- Fumich RM, Essig GW. Hypervitaminosis A. Case report in an adolescent soccer player. *Am J Sports Med* 1983; **11**: 34–7.
- Munter M, Perry HO, Ludwig J. Chronic vitamin A intoxication in adults. *Am J Med* 1971; **50**: 129–36.
- The Alpha-Tocopherol and Beta-Carotene Cancer Prevention Study Group. The effect of vitamin E and beta-carotene on the incidence of lung cancer and other cancers in male smokers. *N Engl J Med* 1994; **330**: 1029–35.
- Omenn GS, Goodman GE, Thornquist MD, Balmes J, Cullen MR, Glass A *et al*. Effects of a combination of beta-carotene and vitamin A on lung cancer and cardiovascular disease. *N Engl J Med* 1996; **334**: 1150–5.
- Kupferschmidt F. Uncertain verdict as vitamin D goes on trial. *Science* 2012; **337**: 1476–8.
- Hossein-nezhad A, Holick MF. Vitamin D for health: a global perspective. *Mayo Clin Proc* 2013; **88**: 720–55.
- Autler P, Boniol M, Plzot C, Mullie P. Vitamin D status and ill health: a systematic review. *Lancet Diabetes Endocrinol* 2014; **2**: 76–89.
- Scagg R, Stewart A, Waayer D. Effect of monthly high dose vitamin D on cardiovascular disease in the vitamin D assessment study. *JAMA Cardiol* 2017; **2**: 608–16.
- Dimitrakopoulou VI, Tsalidis KK, Haycock PC *et al*. Circulating vitamin D concentration and risk of seven cancers: Mendelian randomization study. *BMJ* 2017; **359**: j4761.
- Koutkia P, Chen TA, Holick MF. Vitamin D intoxication associated with

- an over the counter supplement. *N Engl J Med* 2001; **345**: 66–7.
- 21 Institute of Medicine (US) Panel on Dietary Antioxidants and Related Compounds. *Dietary reference intakes for Vitamin C, Vitamin E, Selenium and Carotenoids*. Washington: National Academies Press; 2017.
 - 22 Di Donato I, Bianchi S, Federico A. Ataxia with vitamin E deficiency: update of molecular diagnosis. *Neurol Sci* 2010; **31**: 511–15.
 - 23 Miller ER, Pastor Barriuso R, Dalal D *et al*. Meta analysis: high dosage vitamin E supplementation may increase all cause mortality. *Ann Intern Med* 2005; **142**: 37–46.
 - 24 Oliver CJ, Myers S. Validity of a Cochrane systematic review and meta analysis for determining the safety of vitamin E. *BMC Complement Altern Med* 2017; **17**: 408.
 - 25 Pastori D, Carnevale R, Cangemi R *et al*. Vitamin E serum levels and bleeding risk in patients receiving oral anticoagulant therapy: A retrospective cohort study. *J Am Heart Assoc* 2013; **2**: e000364.
 - 26 Hartley L, Clar C, Ghannam O, Flowers N, Stranges S, Rees K. Vitamin K for the primary prevention of cardiovascular disease. *Cochrane Database Syst Rev* 2015; CD011148.
 - 27 Weitz JJ. The role of vitamin K. In: Brunton L, Chabner BA, Collman SC, eds. *Goodman and Gilman's The Pharmacological Basis of Therapeutics*, 12th edn. New York: McGraw Hill; 2011; 872–4.
 - 28 Ferraro PM, Curhan GC, Gambaro G, Taylor EN. Total, dietary supplemental vitamin C intake and risk of incident kidney stones. *Am J Kidney Dis* 2016; **67**: 400–7.
 - 29 Baselt R. Vitamin C. In: Baselt RC, ed. *Disposition of Toxic Drugs and Chemicals in Man*, 11th edn. Seal Beach, CA: Biomedical Publications; 2017; 2256–7.
 - 30 Holley AD, Osland E, Barnes J, Krishnan A, Fraser JF. Scurvy: historically a plague of the sailor that remains a consideration in the modern intensive care unit. *Intern Med J* 2011; **41**: 283–5.
 - 31 Hemila H, Chalker E. Vitamin C for preventing and treating the common cold. *Cochrane Database Syst Rev* 2013; CD000980.
 - 32 Juraschek SP, Gualler E, Appel LJ, Miller ER. Effects of vitamin C supplementation on blood pressure: a meta analysis of randomised controlled trials. *Am J Clin Nutr* 2012; **95**: 1079–88.
 - 33 Newberry SJ. What is the evidence that vitamin C supplements lower blood pressure? *Am J Clin Nutr* 2017; **95**: 997–8.
 - 34 Al Khudairy L, Flowers N, Wheelhouse R, Ghannam O, Hartley L, Stranges S *et al*. Vitamin C supplementation for the primary prevention of cardiovascular disease. *Cochrane Database Syst Rev* 2017; CD011114.
 - 35 Jacobs C, Hutton B, Ng T *et al*. Is there a role for oral or intravenous ascorbate (vitamin C) in treating patients with cancer? A systematic review. *Oncologist* 2015; **20**: 210–23.
 - 36 Lee B, Oh S W, Myung S K. Efficacy of vitamin C supplements in prevention of cancer: a meta analysis of randomised controlled trials. *Korean J Fam Med* 2015; **36**: 278–85.
 - 37 Wrenn KD, Murphy F, Slovis CM. A toxicological study of parenteral thiamine hydrochloride. *Emerg Med* 1989; **18**: 867–70.
 - 38 Mills CA. Thiamine overdose and toxicity. *JAMA* 1941; **116**: 2101.
 - 39 MacLennan SC, Wade FM, Forrest KM *et al*. High dose riboflavin for prophylaxis in children: a double blind randomised, placebo controlled trial. *J Child Neurol* 2008; **23**: 1300–4.
 - 40 Namazi N, Heshmati J, Tarighat Esfajani A. Supplementation with riboflavin (vitamin B2) for migraine prophylaxis in adults and children: a review. *Int J Vitam Nutr Res* 2015; **85**: 79–87.
 - 41 Thompson DF, Saluja HS. Prophylaxis of migraine headaches with riboflavin: a systematic review. *Clin Pharmacol Ther* 2017; **42**: 394–403.
 - 42 Lloyd Jones DM. Niacin and HDL cholesterol – time to face the facts. *N Engl J Med* 2014; **371**: 271–2.
 - 43 Bean WB, Hodges RE. Pantothenic acid deficiency induced in human subjects. *Proc Soc Exp Biol Med* 1954; **86**: 693–8.
 - 44 Bean WB, Hodges RE, Daum K. Pantothenic acid deficiency induced in human subjects. *J Clin Invest* 1955; **34** (Pt 1): 1073–84.
 - 45 Chandra SR, Isaac T, Deepak S *et al*. Pyridoxine dependent convulsions among children with refractory seizures: a 3 year follow up study. *J Pediatr Neurosci* 2016; **11**: 188–92.
 - 46 Malouf RJ, Evans JG. Vitamin B6 for cognition. *Cochrane Database Syst Rev* 2008; CD004393.
 - 47 Silva CD, D'Cruz DP. Pyridoxine toxicity courtesy of your local health food store. *Ann Rheum Dis* 2006; **65**: 1666–7.
 - 48 Brasky TM, White E, Chen C L. Long term, supplemental, one carbon related vitamin B use in relation to lung cancer risk in the vitamins and lifestyle (VITAL) cohort. *J Clin Oncol* 2017; **35**: 3440–8.
 - 49 Mock FM. Biotin: from nutrition to therapeutics. *J Nutr* 2017; **147**: 1487–92.
 - 50 Kummer S, Hermesen D, Distlmaier F. Biotin treatment mimicking Graves' disease. *N Engl J Med* 2016; **375**: 704–6.
 - 51 Stabler SP. Vitamin B12 deficiency. *N Engl J Med* 2013; **328**: 149–60.
 - 52 Malouf R, Areosa Sastre A. Vitamin B12 for cognition. *Cochrane Database Syst Rev* 2003; CD004394.
 - 53 Baselt R. Vitamin B12. In: *Disposition of Toxic Drugs and Chemicals in Man*, 11th edn. Seal Beach, CA: Biomedical Publications; 2017; 2255–6.
 - 54 Cancer Council NSW. Folate and Cancer Risk – Position Statement. [cited 2017 Nov 2]. Available from URL: <https://www.cancercouncil.com.au/35607/cancerprevention/diet>

From: Sam Kennedy [REDACTED]
Sent: Wednesday, 6 March 2019 5:40 PM
To: medboardconsultation
Subject: Concern

Importance: High

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, I feel that this is an abhorrent limitation on my rights to seek the appropriate medical attention. To put these limitations in place is not only to deny my individual rights, but will also deny thousands of other parents their rights to appropriate treatment and also to those professionals who have worked very hard to gain their accreditations in their respected field.

Thanks for your time.

Regards,

Sam Kennedy
[REDACTED]

From: edwina kent [REDACTED]
Sent: Wednesday, 6 March 2019 9:31 PM
To: medboardconsultation
Subject: Holistic health

Dear Medboardconsultation,

I would like to register my support for holistic medical practice. After a life time of total compliance and trust in our mainstream medicine I have eventually found the answers to my health crisis from "holistic practitioners". It seems the "diet does matter" and can make a big difference. All though there is some supplements that are not 100% whole food and contain artificial ingredient and in inadequate quantities (ironically probably approved by the tga !!) Eventually you find the ones that help but at the very worst these supplements can do is nothing. I would sure prefer to be out of pocket then out of life !! Love to think that our regulators are considering my life and not their pocket !!

Regards

Edwina Kent

[REDACTED]

From: [REDACTED]
Sent: Wednesday, 20 March 2019 10:00 AM
To: medboardconsultation
Subject: Code of Conduct 2014

Hi there,

I would like voice my opposition to changes or additions to the existing code of conduct 2014

I am satisfied with my current practitioner and have had many health benefits from seeing this practitioner compared to any I have seen before

I have the increased ability to self manage my health, work and life balance

As well as it making a difference for my family, at work and within the community.

Thanks

Kindest Regards
Shell Kerfoot

From: Glen [REDACTED]
Sent: Friday, 5 April 2019 4:50 PM
To: medboardconsultation
Cc: [REDACTED]
Subject: Proposed restrictions on integrative medicine

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 I feel it's important that I have the freedom of choice in the type of medical care that I use to address my health issues.

Conventional medical doctors cannot always successfully treat conditions which may respond better to integrative medicine approaches.

Pharmaceuticals and the use of conventional methods sometimes do not work and in some instances also deliver unwanted side-effects, potentially wasting Medicare funds and resources.

In some cases improvement is only achieved with an integrative medical doctor who included lifestyle change, diet and supplements of vitamins and minerals to address problems that have not responded to traditional treatments. I believe it is my right to choose an integrative doctor.

Concerned,

(Ms) Glen Kerridge

[REDACTED]

[REDACTED]

[REDACTED]

From: Andrew Kesby [REDACTED]
Sent: Thursday, 21 March 2019 5:45 AM
To: medboardconsultation
Subject: Complementary and Unconventional and Emerging Medicine

All

My name is Andrew Kesby, [REDACTED] years old and live in [REDACTED] [REDACTED].

I write this letter as I have become aware of the Medical Board of Australia's intentions to change how Complementary and Unconventional and Emerging Medicine is practised and administered.

I currently use and have used Complementary and Unconventional and Emerging Medicine over the last few years and have found it to be highly successful and value its ongoing use. My health has greatly improved because of it and I am basically back to a normal functioning healthy adult. I cannot be more thankful for it.

My Doctor has always had an open dialogue with me about various treatment options, the merits and potential side affects and/ or problems that could arise. All medical treatment be it conventional or emerging comes with risks and should be discussed in the same manner. I am strongly against any further regulation that if implemented will only reduce my choices for help and add further cost. I am also against any unfair treatment of specific medical practitioners and if these regulations are introduced then they should be applied to every practitioner not just some.

Personally I feel the area of health and medicine is already so highly scrutinised and regulated that its purpose is being lost which is to help the patients and restore health. Patients should have every available option for health, medicine and treatment at an affordable cost. My out of pocket expenses are high so I would implore the Board to consider emerging medicine as a specialty so Medicare rebates can be utilised. There is an essential need for both conventional and emerging medicine to work side by side, not in conflict with each other or on unlevelled playing fields but equal status. Conventional medicine is only conventional because pioneering Doctors in years prior have pushed through the emerging nature of it to try and find assistance and/or cure for sick patients.

I cannot be more thankful to my Doctor and I value my continued free choice in deciding my medical treatments.

My preferred choice regarding this situation is that there is no change to the status quo and if there are problems with some practitioners be it conventional; or emerging that the Medical Board addresses these on a case by case basis not just apply controls and regulation across every practitioner.

Regards

Andrew

From: KIEFT Christine [REDACTED]
Sent: Thursday, 4 April 2019 5:47 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

To the Medical Board of ahpra

Please note: the above description of 'complementary and unconventional medicine and emerging treatments' is not 1 category but 3, and complementary medicine should not be thought of as similar to the other two.

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.

There are a options set before the board and I urge that 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.*

Kind regards

Christine Kieft

Christine Kieft

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]



From: Christine Kieft [REDACTED]
Sent: Wednesday, 26 June 2019 3:25 PM
To: medboardconsultation
Subject: Public Consultation on Complementary Medicine and Emerging Treatments

To whom it may concern

Proposed changes to regulation by the Medical Board of Australia will single out medical practitioners who practise supposed 'unconventional' medicine threatening patients' freedom of choice.

Effectively the Medical Board of Australia (MBA) is proposing one set of rules for 'conventional' medical practitioners and another more stringent set for those providing 'complementary and unconventional medicine and emerging treatments'.

The MBA proposal lumps together 'complementary medicine with unconventional medicine and emerging therapies' into a single definition. They're not the same.

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.

If these regulations go through, any doctor practicing safe and effective Integrative Medicine may find themselves breaching the regulations and may be subject to disciplinary action from the MBA's regulatory branch, AHPRA, including deregistration. What is clear is that such a threat will deter a number of practitioners and, ultimately, limit patient choice.

Only by choosing Option One (making no change to the regulations) will patients and clients retain freedom of choice to be treated by a doctor of their preference.

I and the majority of other Australians do not support this proposed change and I ask that the MBA reject such changes as limit both doctors choice of effective treatments and patients rights to receive them.

Sincerely

Christine Kieft.

From: Danielle Kilmister [REDACTED]
Sent: Thursday, 27 June 2019 3:13 PM
To: medboardconsultation
Subject: Fwd: 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 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: Angela Kirby [REDACTED]
Sent: Thursday, 6 June 2019 8:58 PM
To: medboardconsultation
Subject: 'Consultation on complementary and unconventional medicine and emerging treatments'

'Consultation on complementary and unconventional medicine and emerging treatments'

Good evening,

One thing is for sure is that we are all at differing stages of development within this culture, here in Australia and that's a good thing, as we learn and help one another.

One thing is for sure is the medical system in place with hospitals, medicos, doctor are there for the patients when they are needed. And that is a blessing.

For on going maintenance and wellbeing there are many amazing complementary medicines and treatments that can keep us all in check in the meantime.

And being responsible for self is a big one and where if we exercise, eat well etc then we spend less time in the system.

Without the variances and choices that we have then I would be loath to even think what that would mean other than one way of thinking and that wouldn't suit all. That smacks of dictatorship to me.

So please re consider making this separatist way of being

Angela

[REDACTED]
Angela Kirby
Visual Artist, Transpersonal Art Therapist, Counsellor & Integrated Therapist
[REDACTED]
[REDACTED]
[REDACTED]

From: Chris and Helen Kirkpatrick [REDACTED]
Sent: Sunday, 30 June 2019 4:35 PM
To: medboardconsultation
Subject: Option 1

We choose option 1, because we should have the choice of seeing whatever sort of doctor we want,
We both prefer a non-drug, non-pharmaceutical approach to looking after our health.
There is no demonstrated need to regulate Complementary or Integrative Medicine. They are safe and have been used successfully for many years, in many countries.

Chris and Helen Kirkpatrick
[REDACTED]

From: Sarah Kirkwood [REDACTED]
Sent: Friday, 28 June 2019 7:51 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 prefer non-drug approaches for managing my family’s and my own health or illnesses.

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.

I am writing to indicate my concern for possible restrictions on access to complementary and integrative medical practices.

I support the continuation of support for the practices and

I support Option two of the suggested guidelines and such statements in the guidelines as DRAFT Guidelines

<date>

Guidelines for registered medical practitioners - Complementary and unconventional medicine and emerging treatments

QUOTE

Good medical practice for all medical practitioners involves:

- 1.1. Asking your patients about their use of complementary and unconventional medicine and emerging treatments regardless of whether you provide or recommend these treatments.
- 1.2. Taking into consideration your patient's use of complementary and unconventional medicine and emerging treatments when determining appropriate management for your patient.
- 1.3. Advising your patients of the limits of your knowledge when discussing the benefits and risks 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.

END QUOTE

I do not support the next statements:

viz

QUOTE

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.

END QUOTE

(etc, including 1.5 and 1.6)

MY REASONING IS

FIRSTLY as covered by 1.3 - in that the practitioner, by acknowledging limited knowledge of the benefits and risks, is already indicating that they are not in a position to make judgements about the practices.

SECONDLY, in order to keep the dialogue with the patient and to be able to respond with consideration for on-going contact and further treatment of one's patients

Margaret Knittel

From: John Kovac
To: [medboardconsultation](#)
Subject: Medical Board
Date: Tuesday, 26 February 2019 9:43:05 AM

Gentlemen:

As a former registered Medical Practitioner in Victoria, and now a retired physician of Family Medicine in the USA, I have read and can make my opinion known.

I agree with Option 2 proposal as written:

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

I have been continuing my research into alternative medicine for the past 7 years, as well as following the fraudulent medical practice that have appeared countless times in the past 40 years, and continue to see the promotion of medications, treatments, or recommendations that defy all scientific evidence-based medical practice that was held so closely during my training years in New Zealand, and my teaching years at the UCLA David Geffen School of Medicine, in Los Angeles, CA.

It is important that the Board be conservative in making recommendations that will advance science based diagnostic/treatment regimens, and still realize that, no matter how often you try to tell patients the truth, somehow they will always find a way to confound the truth. It is best to err on the side of sanity and science than on the side of magic and false hope.

It was once said that you should not take the HOPE away from patients, even if it is false hope. But the Board has a community and society responsibility to protect the general public from those who would do harm.

I look forward to hearing the results of the regulation decision for medical practitioners.

Sincerely,

John D. Kovac MBChB, MD

From: Dr Nick Krasner
To: [medboardconsultation](#)
Subject: RE: Public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments
Date: Monday, 1 April 2019 9:26:06 AM

Dear Ahpra,

I am most concerned about the above consultation for medical practitioners. I have many patients that use and seek advice about complementary medicines. Many of which have tell me the many benefits that they have recieved from them. If the patients I see a true reflection of the greater general public then the use of these medicines and complementary processess are in the many millions. By stopping a free and frank discussion with individuals about their whole health needs would erode the trust of many patients in the medical profession.

Another importatnt part of medicine is the continued improvement and learning from research, science and our patients. By curbing the research and learning of the many facets of medicine, is against everything that science and medicine stands for.

Finally, there are many Asian countries that are currently looking at huge investments in the intergrative world in Australia. I am aware of at least one company looking to import intergrative medical products from Australia to Thailand. As I lecture in Asia, I am aware of the high regard these countries have for Australia's medical knowledge and products. There is potentially Billions of dollars of business that may come from this area of research and industry, that may be stopped by this paper. The impact on jobs and Australian business is huge.

Yours truly

Dr Nick Krasner.

From: Karen Krispyn [REDACTED]
Sent: Sunday, 7 April 2019 12:06 AM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

I'm against the medical board bringing in these new changes Freedom of choice and complimentary medicines play a very important roll in people improving their health and give other options than just pharmaceutical medicines This is our right!
Karen

From: Amy K [REDACTED]
Sent: Monday, 13 May 2019 6:46 PM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments

Hello

I'm writing to inform you of my objection to reduce and remove holistic health services. We have had great success using holistic medicines and treatment. I think its unethical to remove these types of practices. It is part of our Human Rights to choose our own healthcare not be forced into options paid and guided by the pharmaceutical companies alone, our bodies our choice and we should have the right to chose healthcare options free from pharmaceutical drugs and conventional medicine if we wish to go down that path first. Western medicine has its place but should not be the ONLY option available, holistic and alternative therapies are very beneficial. What you are doing is wrong and should be illegal!

I strongly object.

Sincerely

Amy Kyson

From: L L [REDACTED]
Sent: Saturday, 29 June 2019 6:48 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

Dear Sir / madam

“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: Annette Lackovic [REDACTED]
Sent: Thursday, 27 June 2019 11:50 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 conventional medicine provided no answers about why I was sick and I needed medical care with a wider range of diagnostic and treatment options and I prefer a non-drug approach.

Fixing the cause and problem and not a bandaid temporary solution with a drug.

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.

Annette Lackovic

From: Brian Laffan [REDACTED]
Sent: Thursday, 27 June 2019 10:15 PM
To: medboardconsultation
Subject: Fwd: Consultation on complementary and unconventional medicine and emerging treatments

Dear board members,

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.

Regards,
Brian Laffan.

From: Elizma Lambert
To: [medboardconsultation](#); mayor@redland.qld.gov.au; murray.elliott@redland.qld.gov.au; Minister.Hunt@health.gov.au
Subject: Re MBA proposal on natural medicine
Date: Saturday, 11 May 2019 9:35:03 AM

To whom it may concern,

I want to express my concern and disappointment with the suggested proposals by the MBA that complementary medicine (that include Nutritional and Herbal Medicine) be included with "unconventional" medicine and emerging treatments and defined as '*any assessment, diagnostic technique or procedure, diagnosis, practice medicine, therapy or treatment that is not usually considered to be part of conventional medicine. Whether used in addition to, or instead of, conventional medicine. This includes unconventional use of approved medical devices and therapies*'.

By grouping Nutritional, Herbal and Environmental Medicine with 'unconventional medicine' (e.g. long-term antibiotics for a viral infection) and 'emerging treatments' (e.g. expanding the use of stem cell therapy), the MBA is ignoring the pool of all evidence, both scientific and traditional. This change may create confusion and uncertainty and the impression that nutritional, herbal and environmental medicine is fringe rather than evidence based and regulated.

In essence, you are suggesting that my 6 years of full-time study doing both a Masters and Bachelor of Health Science degree in nutritional and herbal medicine mean nothing.

There has never been a death associated with herbal or nutritional medicine, yet in 2013 alone an estimated 128,000+ prescription drug takers died from adverse drug reactions. This makes prescription drugs a major health risk, ranking 4th with stroke as a leading cause of death. About 328,000 patients in the U.S. and Europe die from prescription drugs each year.

<https://ethics.harvard.edu/blog/new-prescription-drugs-major-health-risk-few-offsetting-advantages>

The hippocratic oath states 'First do no harm', so allopathic medicine should be under the scope of investigation and not natural medicine.

Worldwide there is an increase in demand for safe therapies and support with growth projected in Europe at 7.2% during 2017-2023 with approximately two thirds of the population in most of the developed and developing countries using one or the other form of alternative or complementary form of medicine. This is largely driven by the failure of allopathic medicine in addressing chronic disease.

Ultimately our duty as care givers to the chronically ill needs to be one of working together to provide the best client/patient care for them and give them choices, not pushing Australian medicine back into the dark ages.

As an international leader in the field of Naturopathy who lecture to medical practitioners in Europe, Great Brittain, Poland, USA, Australia and New Zealand, this proposal makes Australia look incredibly backwards in the eyes of the international medicine community, and I urge you to reconsider.

Kind regards,
Elizma Lambert

Elizma Lambert

Naturopath, Homeopath, Nutritionist and GAPS Practitioner





From: dennis langshaw [REDACTED]
Sent: Friday, 8 March 2019 1:10 AM
To: medboardconsultation
Subject: 'Public consultation on complementary and unconventional medicine and emerging treatments'

Dear Sir Madam

In Regard to Regulating Unconventional Treatment I say to you.

How Dare you Even Contemplate the idea of Removing any Individuals Right of Choice. This is Not America and I'll be Damned if I am going to stand by and allow you to Corrupt the Freedom of the People to Fatten the Pockets of Corporations. This Action will Have Dire Consequences for The Medical Industry as Have you already Forgotten when it was All Underground and No legislation controls?

We have seen it cleaned up from backyard cowboys that scammed people out of money with voodoo mythical concoctions that put peoples lives in Jeopardy.

Any Tightening or controlling of what we have now will throw into disarray what Your Industry was crying for back then?

Any tightening of what we have now will result in an uncontrolled industry of which you will loose any control, add to this the exodus of your customers when you increase the prices due to dominance of the marketplace that you believe you have.

For every action, There is an equal and opposite reaction....(the Law of Physics)

Regards Dennis Langshaw

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: Karen Latter [REDACTED]
Sent: Monday, 15 April 2019 8:39 PM
To: medboardconsultation
Subject: Public consultation: complementary and unconventional medicine and emerging treatments

I find this proposal concerning for a number of reasons:-

- 1) It puts 'complementary medicines' (CM) with 'unconventional medicine and emerging treatments' – these are completely different and should not be lumped together. Complementary medicines include nutritional medicine and herbal medicine, which as well as having a strong body of scientific evidence for many of the ingredients also has thousands of years of traditional usage to support its indications.
- 2) You should put the 'patient' first and remember 'do no harm' as a principle of medicine – complementary medicines have a very strong safety record, which is why they have the status of 'listed medicines' (AUST-L) unlike pharmaceuticals which are registered (AUST-R) due to their higher risk and need to assess safety.
- 3) You propose a 'two tier' system of regulating integrated medical practitioners who use both complementary medicines and pharmaceuticals separately to doctors who only use pharmaceuticals. This is unfair and will allow the unjust targeting of integrated medical practitioners. Again put the 'patient first'
- 4) The general public are using complementary medicines. Therefore is it not better that trained integrated practitioners can make recommendations for evidence-based complementary medicines? To limit this will only encourage self-prescribing and self-sourcing of supplements. It will also suppress patients from sharing their CM usage with their doctors due to the belief that it will not be understood.
- 5) Surely all medical practitioners recommend some type of CMs already because they fall under established science and are included in practice guidelines. For instance, 500 mcg folic acid day to prevent neural tube defects (NTD) and 5mg/day for those at high risk of NTD, Iodine 150mcg/day in pregnancy and preconception, vitamin D in case of deficiency <50nmol/L, iron for iron deficient anaemia, 1500mg/day of glucosamine sulphate for knee osteoporosis, 500mg/day of DHA omega-3 in 2nd and 3rd trimester pregnancy to reduce incidence of preterm births, calcium and vitamin D for the osteopaenic and osteoporotic to reduce fracture risk and the list goes on. The reason they do this, is because they are across the evidence for efficacy and they have their patient's interest as their first interest. Often co-prescribing with pharmaceuticals – the integrated medical practitioners are the ones who have learnt to do this with skill.

In closing, I suggest that you listen to the public rather than the lobbying of the members of the 'friends of science' who only see one science that supports pharmaceuticals as they turn their back on the evidence-based usage of complementary medicines and the many thousands of years of usage.

Your sincerely,

Karen Latter
[REDACTED]

From: Sonia Laws [REDACTED]
Sent: Thursday, 14 March 2019 10:23 PM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments'

Hello

I vehemently oppose any restriction on complementary or unconventional medicine or integrated therapies. In my opinion they certainly no worse and often better than drugs produced from pharmaceutical companies with their long list of side effects and dangerous possibilities. They even list these possible side effects. We should be able to make our own decisions in what treatment we want and I definitely and positively want complimentary and intrgrative therapies including compounded medications for myself and the choice for my family.

Signed
Sonia Laws
[REDACTED]

From: Michael Lawson [REDACTED]
Sent: Monday, 8 April 2019 12:07 AM
To: medboardconsultation

Start training your medical practitioners in nutrition and other ingested complementary therapies before you and your thuggish union take over all. am appalled at your approach
Would love to see the change in the education of your mob to see if you are about health or about control

From: Dr Kieran Le Plastrier
To: [medboardconsultation](#)
Subject: 'Public consultation on complementary and unconventional medicine and emerging treatments'
Date: Monday, 29 April 2019 4:31:38 PM
Attachments: [8c015a20.jpeg](#)

Dear Sir/Madam,

I commend the Medical Board of Australia for its engagement with the tricky, and sometimes fraught, area of complementary, unconventional and emerging treatments in Australian health care systems.

As a senior medical practitioner in psychiatry and GP registrar, and with 17 years experience across clinical medicine, medico-legal medicine, and research, I fully endorse the approach described in 'Option 2' of the Board's public discussion paper and the Draft Guidelines.

I frequently have to engage with my patients with serious and enduring mental illness around 'off-label' prescribing of psychoactive medications. This is because there has been extraordinarily rapid and even exponential growth in research knowledge regarding tailored and individualised mental health pharmacotherapy that is beyond any statutory authority to keep ahead of the crest of the wave. However, patients should not suffer unnecessarily when new and emerging prescribing and psychotherapy techniques offer access to better quality of life. I fully endorse the methodology described in the Draft Guidelines as a suitable and effective way to manage the risk and benefits of patient care with the oftentimes more limited research data from smaller trials, along with maintaining informed consent and expectation management of individuals and families considering 'unconventional' treatments. I believe, for the most part, that the guidelines set out excellent principles to guide off-label prescribing, at least in the field of psychiatric pharmacotherapy.

In addition to the specific recommendations around registering formal research projects, I am particularly in favor of a process by which practitioners might register substantive unconventional, complementary and emerging practices with a regulatory authority, perhaps via a streamlined process with the NHMRC for trial registrations. This might help improve the dissemination of results from these clinicians' work, helping to more readily support increased research in areas offering promise, or to more quickly refute the efficacy of therapies that do not appear to benefit or cause unnecessary harms. A practitioner could then publish the recognition that they are registered and undertake relatively simple reporting measurements for their patients and outcomes. This would be complementary to more rigorous research protocols with universities or other authorised research organisations who already have research registration and publication responsibilities for funded projects.

I believe the Board has struck a sensible balance between avoiding unnecessary loss of innovation in providing effective care to patients with a high burden of suffering, and offering clear guidelines for acceptable informed consent and patient safety protections. It should be the responsibility of clinicians to provide the evidence that they have the requisite skills and knowledge to engage in unconventional or emerging therapies and that they are applying systematic and tailored approaches to evaluating suitability and outcomes for these therapies. However, this should not always require innovative clinicians to engage in costly and sometimes wasteful conventional research paradigms such as university-based or hospital-based research protocols. Offering a streamlined process for the registration and recognition of clinicians engaged in UCET (Unconventional, Complementary and Emerging Therapies) practices, which does not necessarily endorse the practice but at least provides a consistent framework for reporting basic statistics on utilisation, harm, and benefit, might better serve patient and family choices when they are considering UCET practices in their care.

--

Dr Kieran Le Plastrier

MBBS (Hons) MP PhD FACHI

Psychiatry SMO, Researcher, GP (trainee), Director



From: [REDACTED]
Sent: Monday, 11 March 2019 4:49 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional

To whom it may concern,

No I do not agree nature and extent of the issues identified in relation to medical practitioners. There are no issues. These doctors are doing what is best for their patients. Some of whom have been very unwell for many years. Without these doctors patients would be forced to buy products online from overseas which is not safe at all. At least this way we can buy products from compound chemists locally and know the ingredients are safe and good quality.

Option 1 is clearly the best way forward. Its taken many years to find a doctor that understands and listens. He has seen the proof when I walk in the door that alternative therapy does work for me.

If you have to go to Option 2, then the Dr must be given the option to use their discretion.

Regards

Bindi Lean

From: [REDACTED]
Sent: Thursday, 11 April 2019 8:39 AM
To: medboardconsultation
Subject: RE: PUBLIC CONSULTATION ON COMPLIMENTARY MEDICINE AND EMERGING TREATMENTS

Executive Officer
Medical - AHPRA
GPO Box 9958

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

Bree Lee

11/4/2019

From: Mandy Lee [REDACTED]
Sent: Tuesday, 25 June 2019 1:45 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

To whom it may concern,

I here write to you to express my concern on the additional regulation around the use of integrative, complementary and alternative medicines in AU.

The proposed new regulation is unnecessary as the Medical Board of Australia already has a strong code of conduct on good medical practice which sets out what is expected of all doctors registered to practice medicine in Australia.

Thank you very much.

--

Best Regards,

Mandy Lee

From: Gail Leppard [REDACTED]
Sent: Saturday, 29 June 2019 2:22 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
>>> Gail Leppard
>>>
>>>>
>>>> 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: [REDACTED]
Sent: Sunday, 28 July 2019 3:29 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

To whom it may concern,

This is a terribly disturbing time we face within the medical industry in Australia, both allopathic and complementary. Australia really needs to move forward to be a part of the wider global action on both disease prevention and treatment. Multiple countries around the world have incredible methodologies surrounding medical practice that utilise, offer and incorporate Naturopathic and complementary treatment/medicine, with tremendous outcomes for individuals and also for the burden that is seen on medical institutions worldwide.

When we, as a country, want to be apart of the leading few that continually breakthrough with research and implementation in the medical field, then we really need to raise our head high and embrace change; open our minds to the unlimited possibilities of Naturopathic and complimentary medicine that has spanned millennia and that has indeed been the genesis and influential thread of allopathic medicine as we know it today.

Working together is vital for this ever-changing world we live in, and for helping those in need. First, do no harm, is the medical oath that both the allopathic and complementary industry take. This oath will be beneficial for AHPRA to adhere too also. Restricting peoples choice of medical treatment is harmful to their recovery, wellbeing and overall faith in the leaders of the medicinal future of this country.

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.

Thanking you in advance
Sonia Levi
[REDACTED]



29 June 2019

Submission to

Like thousands of doctors Australia wide I have attended conferences with AIMA, ACNEM and Biobalance.

All doctors have a responsibility to understand what supplements and treatments our patients are pursuing. Otherwise we will simply not be told which benefits no one.

Conferences are run professionally and peer support is invaluable. There are no outrageous claims for "cure". The emphasis is on integrating what is known of nutrients with diet, exercise and lifestyle changes and mainstream medicine.

None of what we are taught advises abandoning of mainstream treatments. Information provided on mental health acknowledges the importance of a biopsychosocial and spiritual model.

Integrative medicine is by nature collaborative; respecting patient's wishes to have more control over their physical and mental health.

As treatments are individualized according to patient requirements and preferences double blind trials are difficult.

Epidemiological link studies or cohort may provide some clues as to why patients continue to utilize natural/complementary treatments alone or in conjunction with conventional medical and mental health treatments.

I believe that doctors will continue to learn from the Australian conferences and from on-line functional medicine programs in the USA with the goal to assist patients achieve optimal health outcomes.

Questions for consideration.

1. I disagree with the proposed terminology as unconventional medicine, complementary medicine and emergent treatments differ in meaning, implementation and risk. A better definition would be integrative medicine. If it was required by the board this might include affiliation with accrediting organisations.
2. What is conventional medicine? Surely it encompasses exercise, diet, medication, lifestyle changes, and use of over-the-counter supplements. Prescribing is only part of what we do. Complementary, unconventional and emergent treatments are not synonymous. There are different overlapping concepts.
3. I would agree that in all areas of medicine some practioners behave badly. Similar poor behaviour can be seen with is seen in every profession across all stratas of society. Do we need more regulation? Four to six minutes medicine could be construed as a dereliction of duty.
4. I know of no future issues of concern. They may exist. It may also be useful to determine the number of integrative doctors who utilize their skills well and responsibly in accordance with integrative teaching and medical board regulations.



5. Safeguards are needed for all patients treated by conventional and integrative doctors. Safeguards are equally needed for disenfranchised populations, indigenous and mental health patients to ensure access to affordable physical and mental health issues.
6. Peak body organisations are in a position to clarify medical board concerns. Current legislation is adequate to deal with activities well outside conventional practice. Medical board efforts may be better utilized ensuring access and equity for all Australians to optimal physical and mental health services. Good practice should be defined by patient preference, the doctors clinical expertise and the evidence available.

Yours faithfully

A solid black rectangular box used to redact the signature of Dr E Lewis.

Dr E Lewis

From: [REDACTED]
Sent: Friday, 12 April 2019 9:42 AM
To: medboardconsultation
Subject: 'Consultation on complementary and unconventional medicine and emerging treatments'

To whom it may concern,

As a regular consumer of custom made medicine from my compounding chemist, I am furious to know that your committee may threaten my right to determine my own medical care!

I share [REDACTED] Compounding Pharmacy's concerns listed below:

- 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 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 will also contacting my MPs state and federal.

Sincerely,

Samantha Leyda

From: [REDACTED]
Sent: Sunday, 30 June 2019 10:22 AM
To: medboardconsultation
Subject: Hands off my right to choose really effective Integrative Medicine when the conventional chemical medicine system has failed me time and time again!

I'm too bloody busy to be writing this folks.

I continue to be OUTRAGED at our government's dumb agenda listed below:

- 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

For Christ's sake, RECONSIDER the above pathetic agenda.

I'm most willing to protest and street march to protect the current system.

Samantha Leyda

From: Mary L [REDACTED]
Sent: Friday, 21 June 2019 1:31 PM
To: medboardconsultation
Subject: 'Consultation on complementary and unconventional,medicine and emerging treatments'

I hereby make a submission to the above consultation.

I strongly recommend retaining option 1

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.

As a long term pharmacist who has also studied and uses several other fields of complementary medicine during an international life, I know both sides of the story - both the limitations and adverse effects of many 'conventional' treatments, as well as the benefits of many so called 'complementary' and 'unconventional treatments' that are studied and used in many countries of the world with safety and efficacy.

Our health and the healthcare we choose is very personal and our rights to health care of our choice is imperative.

My submission may be published.

Thank you

Mary Lightfoot

From: Carol Liknaitzky [REDACTED]
Sent: Thursday, 4 April 2019 12:02 PM
To: medboardconsultation
Subject: Lack of consultation and clarity on integrative meds

To the organisation, I am deeply disturbed at the decisions to interfere with the public's rights to choose what medicine or healing modalities they wish to work with for their own health. There are so many options and pathways to take for health and well being and in this day and age to close these options down when there is more and more evidence to support integrative medicine, natural approaches with little if any side effects, etcetc is medieval and draconian. The reasons as stated below for not doing thorough research on other forms besides conventional medicine, and giving good reason, before making such decisions, is inexcusable. We are not idiots but it seems your organisation might be where idiots can be found. And most of all it is an infringement on our right to take responsibility for our own health. I pray you all come to your senses and make better and more respectful decisions that will support a healthier community and not just your own interests.

Sincerely,
Carol

- 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

Carol Liknaitzky

From: Mike Lindley-Jones
To: [medboardconsultation](#)
Subject: Complimentary practitioners
Date: Monday, 27 May 2019 5:44:25 PM

Dear Board

I am an Intensive care consultant registered with AHPRA. Over the years I have become somewhat concerned regarding the claims made by some complimentary practitioners.

For example:

1. a 40 year old male with low grade lymphoma. Told by oncologist 90% chance of complete cure. Told by complimentary practitioner they could guarantee a cure". fearing chemo, the patient opted for the complimentary practitioner and re presented 1 year later in an extreme condition and died shortly after.

2. A case of near death after the administration of 'Kambo frog toxin' via an area of burnt skin on the patients shoulder during a 'cleansing curative ceremony' to cure 'all ills'. The patient presented with intractable seizures and was on a ventilator for several days. Fortunately the patient recovered.

3. Several similar cases where patients present 'late' as they have proceeded with complimentary therapies promising more than can be delivered.

Although distressing, these are just individual cases.

Patients are often frightened and vulnerable, searching for a 'cure' and they can place faith in many types of practitioner.

In addition there is considerable financial outlay.

Despite this many patients believe in alternative medicine and are strong supporters, so no doubt these fields of practice play a role in the healthcare of our society.

A common theme seems to be occasional (irresponsible) claims by the practitioner regarding the efficacy of their treatment.

In my opinion this needs to be regulated.

All practitioners (including conventional medicine) need to be accountable for the treatments they deliver.

Issues such as

- Honest discussion regarding efficacy of treatments
- Informed consent (including side effects)
- Accountability
- Failure to refer for appropriate therapy

Should apply to the complimentary industry to protect the public and enhance the reputation of 'honest' practitioners within that industry.

Yours Michael Lindley-Jones

From: [REDACTED]
Sent: Tuesday, 2 April 2019 9:08 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

Hi Medical Board of Australia,

I take Option ONE.

As this all about human being's life, everyone would have the right to have the most effective and safety treatments. No one would like to take any risk.

I would like to support for retaining 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.

ZhenPing Liu

From: [REDACTED]
Sent: Wednesday, 26 June 2019 5:51 PM
To: medboardconsultation
Subject: Submission: Freedom of Choice

Dear Sir or Madam,

Please drop your proposal to combine complementary medicine with unconventional medicine and emerging therapies into a single definition, to the detriment of patient choice.

The current rules are strong enough to deal with those few doctors who work with things they do not understand sufficiently, but it is critical that those practitioners who are leading in their fields are not inhibited by fear of crossing some totally unnecessary line.

Especially as we, as a society, begin to understand the influence of lifestyle choices on our health, we should not impose unnecessary limits on doctors who are able to encourage their patients to look at preventative medicine instead of waiting for them to get sick.

Please do not act without extensive consultation with those who have motives other than protecting their own incomes.

Yours faithfully,
Lucinda Loane

[REDACTED]

From: [REDACTED]
Sent: Saturday, 29 June 2019 12:31 PM
To: medboardconsultation
Subject: Fwd: Consultation on complementary and unconventional medicine and emerging treatments

I choose Option 1...

I have chosen to see Integrative Medicine doctors because the help I needed was not available via conventional medicine, I would not be alive and working full time with little to no sick days, if I had not been able to find the integrative medicine doctors I needed to recover from my illnesses.

I do not wish to take drugs or have surgery to manage my illnesses and have managed to avoid them simply thanks to my integrative medicine doctors

I am happy to go to my GP for simple treatments but I want to go further with prevention and integrative doctors provide me the time and knowledge to do that.

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 am concerned about the proposed regulations because:

There is no demonstrated need to regulate Complementary Medicine or Integrative Medicine.

These are very 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.

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.

Signed,
S Loizou

From: Daisy Long [REDACTED]
Sent: Monday, 25 March 2019 4:21 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.

I cannot thank my 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 Lyme Disease, but to other chronic and disabling illnesses also. 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 used Complementary, Unconventional and Emerging Medicine and I highly value its availability and I am very happy with its practice. My treating doctor 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.

The suggestion of strengthened guidelines is far too controlled, an attack on my human right to seek any treatment I choose (which has worked). 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 I should be able to attain the treatment of my choice, here at home.

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 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.

Yours sincerely,
Daisy Long
25.03.19

From: Trevor Lucas [REDACTED]
Sent: Thursday, 4 April 2019 10:26 AM
To: medboardconsultation
Subject: 'Consultation on complementary and unconventional medicine and emerging treatments'

To Whom This Concerns,

I personally find your proposal for Option two by MB of A as being desirable to be biased and proposed through ignorance of the mainstream Complementary medicine (CM). The idea of receiving "strengthened guidance" by those whom have no idea of CM in practice is ludicrous.

I ask to what level will Option two be administered. For example will floor staff in Pharmacy or Chemist stores be liable for information and guidance given to consumers regarding over the counter vitamin or mineral supplements? I find your description of Option one, as stated, to be deliberately simplistic and misleading.

Benefits and impacts of the proposed options

Option one (status quo) would provide no additional benefits or safeguards for consumers who seek complementary or unconventional medicine or emerging treatments. There would be no change for medical practitioners.

Option two (strengthened guidance) provides an opportunity for the Board to make expectations of medical practitioners clearer to help provide safeguards for consumers. Guidelines may help ensure that consumers have the information to make informed choices about complementary and unconventional medicine and emerging treatments.

Guidelines that define good practice for complementary and unconventional medicine and emerging treatment:

- would not reduce consumer choice **Option two will directly reduce consumer choice and choice of treatments available.**
- would not restrict medical practitioners' practice **Option two will reduce the treatment options available to medical practitioners, and therefore consumer options**
- would not result in significant cost increases for consumers or medical practitioners **It is not clearly stated how Option two will affect costs, significant or not**
- would not restrict existing, accepted practice that may fall within the definition of complementary and unconventional medicine and emerging treatments **Option two does not clarify what "accepted practice" or modality of practice will be, or whether this is carried out by registered medical practitioners, doctors, or complementary/alternative therapists**
- would not stifle innovation or clinical research and trials. **Option one will not stifle research nor trials.**
- **It has been stated in section "Issues and concerns about this area of practice" "Many of these treatments are funded privately, can be expensive, and may have uncertain results". Does Option two also relate to ART or IVF treatments that are largely privately funded, hugely exorbitant and offer uncertain results?**

Treatment Costs correct at 20 Feb 2019	Cycle payment	Estimated out of pocket costs 1st cycle in a calendar year (safety net not reached)	Estimated out of pocket costs subsequent cycles in a calendar year (safety net reached)
IVF cycle	\$9,828	\$5,042	\$4,486
ICSI cycle	\$10,608	\$5,358	\$4,803
Frozen <u>embryo transfer</u> (FET)	\$3,760	\$2,313	\$2,264
Intrauterine Insemination (IUI)	\$2,575	\$2,046	\$1,905
<u>Ovulation Induction</u> (OI)	\$700	\$700	\$700

"Preferred option

Based on the information available and subject to the outcome of consultation with stakeholders, **option two** is the preferred option at this time.

The Board considers that option two would have only a minor impact on practitioners and consumers and would provide the greatest benefits to the community. **If the impact to practitioners and consumers will only be minor, the Board seems to be going to great lengths and expense to have its preference stated.**

For consumers this should include improved safeguards and access to better information while still enabling choice. **"Should include improved improved safeguards and access to better information while still enabling choice". Meaning the results will be uncertain, and cost unknown.**

For medical practitioners, there would be clear, nationally consistent guidance about the Board's expectations of medical practitioners in relation to the provision of complementary and unconventional medicine and emerging treatments. While some medical practitioners would need to review their processes and practices, the guidelines are expected to have a minimal regulatory impost.

Any administrative costs associated with implementing the guidelines would be met by the Board with no additional cost for registrants."

I personally vote for a more extensive and clarified Option one, not as stated.

Regards

Trevor Lucas

From: Lynne Lund
To: [medboardconsultation](#)
Subject: Fwd: Consultation on complementary and unconventional medicine and emerging treatments
Date: Friday, 28 June 2019 11:21:36 PM

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 more from my doctor. More time. More understanding of the 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.

From: pamela luther [REDACTED]
Sent: Saturday, 29 June 2019 6:34 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.

Integrative medicine has helped myself and my family beyond words and we have right to treat ourselves how we see fit. Pleaed on't fear what you don't know but rather educate yourself and allow the freedom of choice to all humans.

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 own health or illnesses.

Thank you,

Pamela Luther

From: [REDACTED]
Sent: Sunday, 12 May 2019 5:07 PM
To: medboardconsultation
Subject: Safe medical practice complementary doctors

To whom it may concern,

I am [REDACTED] years old and have been using conventional and unconventional medicines all my life.

In the past one would see their GP for conventional medicines and other types of people for unconventional medicines.

In later years my wife and I have been seeing a GP that does conventional and unconventional medicines.

This GP has studied and knows what medicines can be taken together or apart from both doctrines.

In my life I have had conventional medicines one after another as treatment for an illness without success, so **conventional medicines is not** an exacting science, therefore, how can unconventional medicines be criticised?

Also, I prefer a GP who practices both doctrines and who has the right to say that a GP cannot?

There are "shonks" around in both doctrines and need to be treated on a "case by case" basis.

A one size fits all basis for unconventional medicines is taking away my right to choose what I want as the highest attainable standard of health as I see it.

As a consumer I have rights and I do not want a body like the MBA interfering with my doctrine choices through my GP.

Furthermore I do not want to see any GP practicing both doctrines to be put at risk by the MBA deregulating my GP for promoting unconventional medicines otherwise I will view this as an attack on my health rights.

The doctor we see has done an excellent job in combatting our health problems using a mix of both doctrines where other doctors kept giving us pharmaceutical drugs one after another that actually made us worse because they certainly didn't improve our problems.

We have the best of both worlds with our doctor. Our doctor is better than any naturopath or Chinese herbalist for example, because for our doctor, it is not a guessing game. Our doctor comes from a purely medical point of view and always ascertains first, through blood tests and other medical tests what is wrong and then gives the choice of which doctrines **we want to choose**. There are times when our doctor directs us to take only the pharmaceutical medicine. Our doctor is very well informed on both doctrines.

We want to maintain our right to have a choice.

Yours faithfully,
Shane and Margaret Lyttle



From: Vishal Mahajan [REDACTED]
Sent: Thursday, 27 June 2019 10:18 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

Dear MBA Team

- 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.

Regards

Vishal Mahajan

From: Suzanne Mallos [REDACTED]
Sent: Monday, 10 June 2019 4:02 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

To Whom It May Concern:

Integrative Medicine is my preferred healthcare option. It is not acceptable to impose harsh regulations on Integrative Medical practitioners. This could have a detrimental impact my choice of healthcare provider. The current Code of Practice already addresses all safety and efficacy issues related to Integrative Medicine.

Therefore I elect 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.

Kind regards,

Suzanne Mallos

From: agnieszka.malzacher [REDACTED]
Sent: Saturday, 29 June 2019 8:51 AM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

I am strongly for Option 1.

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.

Option 2 would be a step backwards in time and an indictment on the progress of healthcare in Australia. As in many other countries, including in Europe, we need to be open to taking a holistic approach to treatment and embracing new and innovative medical practices. It would also limit patients' choice.

Agnieszka Malzacher

From: Jurek Malzacher [REDACTED]
Sent: Wednesday, 26 June 2019 9:34 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

I am strongly for Option 1.

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.

Option 2 would be a step backwards in time and an indictment on the progress of healthcare in Australia. As in many other countries, including in Europe, we need to be open to taking a holistic approach to treatment and embracing new and innovative medical practices. It would also limit patients' choice.

Jurek Malzacher

From: Chris Manolakis [REDACTED]
Sent: Saturday, 6 April 2019 5:47 PM
To: medboardconsultation
Subject: 'Public consultation on complementary and unconventional medicine and emerging treatments'

I fully agree with the perspective of Nadine Perlen (board member of Australasian College of Nutritional and Environmental Medicine) about the way she practices as a doctor and 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".

Chrisanthi Manolakis

Public Consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments

To: The Medical Board of Australia

From: Alicia Marchesi

Telephone: [REDACTED]

E-mail: [REDACTED]

Website:

Date: 26/06/2019

Consultation

I, Alicia Marchesi 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 framework⁵ 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.

Public Consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments

To: The Medical Board of Australia

From: Mr Ian Ronald Marchesi

Telephone: [REDACTED]

E-mail: [REDACTED]

Website:

Date: 19/06/2019

Consultation

I, [*Ian Ronald Marchesi*], 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 framework⁵ 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.

Public Consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments

To: The Medical Board of Australia

From: Stephanie Marchesi

Telephone: [REDACTED]

E-mail: [REDACTED]

Website:

Date: 20/6/2019

Consultation

I, Stephanie, 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 framework⁵ 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.

Public Consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments

To: The Medical Board of Australia

From: Mrs Virginia Marchesi

Telephone: [REDACTED]

E-mail: [REDACTED]

Website:

Date: 19/06/2019

Consultation

I, [Virginia Marchesi], 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 framework⁵ 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: Tanya Marinovic [REDACTED]
Sent: Thursday, 27 June 2019 9:59 AM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

To whom this may concern,

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 and additional medical training that I found in my integrative medicine doctor.

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

Also 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. And I can assure you it is effective as everyone in my immediate and distance family is using complementary medicine and have had great health results and benefits.

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 for your time

Regards

Tanya Marinovic

From: Tanya Marinovic [REDACTED]
Sent: Friday, 5 April 2019 12:29 PM
To: medboardconsultation
Subject: 'Consultation on complementary and unconventional medicine and emerging treatments'

To whom this may concern,

Proposed changes to regulation by the Medical Board of Australia will single out medical practitioners who practise supposed 'unconventional' medicine threatening patients' freedom of choice.

The Medical Board of Australia proposal lumps together 'complementary medicine with unconventional medicine and emerging therapies' into a single definition. They're not the same.

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. 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 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.

This latest act, combined with the removal of natural therapies, 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.

If these regulations go through, any doctor practicing safe and effective Integrative Medicine may find themselves breaching the regulations and may be subject to disciplinary action from the MBA's regulatory branch, AHPRA, including deregistration. What is clear is that such a threat will deter a number of practitioners and, ultimately, limit patient choice.

I want 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.

Kind regards,

Tanya Marinovic | Advisory Naturopath

[REDACTED]

From: [REDACTED]
Sent: Wednesday, 26 June 2019 7:21 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

I am writing about the proposal of the Medical Board of Australia to impose greater regulation around the use of integrative, complementary and alternative medicines. If successful this proposal has the potential to limit a doctor's range of tools in determining the best treatment option/s for patients.

I believe a whole person approach to medical care that includes complementary and/or integrative and/or alternative medicines, alongside conventional medicines, can give better outcomes to patients. I have first hand experience and at [REDACTED] I am healthy and active.

The first principal of health care should be to focus on obesity, smoking, excess drinking, drug taking and other practices which put at risk the individual and the wider community, and are high cost to the health budget. I believe this should focus the attention of the Medical Board of Australia. Doctors who address these issues which are high cost health issues should be acknowledged and rewarded regardless of whether they use conventional drugs or a combination of conventional drugs and complementary/integrative/alternative medicines.

I support the first option, that is Option one.

Robyn Martin
[REDACTED]
[REDACTED]

From: jelena martinovic [REDACTED]
Sent: Wednesday, 27 March 2019 1:28 PM
To: medboardconsultation
Subject: RE: PUBLIC CONSULTATION ON COMPLIMENTARY MEDICINE AND EMERGING TREATMENTS

Medical - AHPRA
GPO Box 9958
Melbourne VIC 3001

27. 03. 2019.

To whom it may concern,

RE: PUBLIC CONSULTATION ON COMPLIMENTARY MEDICINE AND EMERGING TREATMENTS

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. I cannot thank my 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 Lyme Disease, but to other chronic and disabling illnesses also. 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 used Complementary, Unconventional and Emerging Medicine and I highly value its availability and I am very happy with its practice. My treating doctor 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.

The suggestion of strengthened guidelines is far too controlled, an attack on my human right to seek any treatment I choose (which has worked). 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 I should be able to attain the treatment of my choice, here at home.

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 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,
Jelena Martinovic

From: Bernhard Marzini [REDACTED]
Sent: Thursday, 27 June 2019 11:37 PM
To: medboardconsultation
Subject: 'Public consultation on complementary and unconventional medicine and emerging treatments'

'Public consultation on complementary and unconventional medicine and emerging treatments'

I herewith prefer Option 1!

The Board is inviting feedback on the issues and options outlined in the discussion paper.

1. Do you agree with the proposed term 'complementary and unconventional medicine and emerging treatments'? **Yes , but why not just " complementary medicine or integrative medicine**
If not, what term should be used and how should it be defined?
2. Do you agree with the proposed definition of complementary and unconventional medicine and emerging treatments – '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.' **YES**
If not, how should it be defined?
3. Do you agree with the nature and extent of the issues identified in relation to medical practitioners who provide 'complementary and unconventional medicine and emerging treatments'? **YES**
4. Are there other concerns with the practice of 'complementary and unconventional medicine and emerging treatments' by medical practitioners that the Board has not identified? **NO**
5. Are safeguards needed for patients who seek 'complementary and unconventional medicine and emerging treatments'? **NO, patients still can make their own research before accepting that particular treatment form**
6. Is there other evidence and data available that could help inform the Board's proposals? **If a doctor prescribes , discusses or does a particular treatment on a patient , most likely the doctor would have done some research on this ailment, been trained or observed it , therefore as long as there no do not harm associated with it it is fine ! If conventional treatment does not work , why apply some existing lets call it home remedy which worked in the past and has been proven over the centuries.**

Options

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**
8. Would guidelines for medical practitioners, issued by the Medical Board (option two) address the issues identified in this area of medicine? **I think so**
9. The Board seeks feedback on the draft guidelines (option two) – are there elements of the draft guidelines that should be amended? Is there additional guidance that should be included? **I believe if a patient ask a doctor for an integrative medical approach and the options and risks was discussed the patient enters that treatment on their own accord.**
10. Are there other options for addressing the concerns that the Board has not identified? **Still should by patients choice to choose what type of medicine if any be used on them or not !**
11. Which option do you think best addresses the issues identified in relation to medical practitioners who provide complementary and unconventional medicine and emerging treatments?
 - Option one – Retain the status quo of providing general guidance about the Board's expectations of medical practitioners who provide complementary and unconventional medicine and emerging treatments via the Board's approved code of conduct. **Definitely this one.!**

- Option 2 - Strengthen current guidance for medical practitioners who provide complementary and unconventional medicine and emerging treatments through practice-specific guidelines that clearly articulate the Board's expectations of all medical practitioners and supplement the Board's *Good medical practice: A code of conduct for doctors in Australia*. Will not support this ! My free will is taken away from me and placed by some one who sits on the board and does not know the particular of my case , it should be my doctors training and guidance I should rely on !

I herewith clearly choose Option 1

Bernhard Marzini

[REDACTED]

[REDACTED]

[REDACTED]

^[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.

From: Naomi Maslen [REDACTED]
Sent: Wednesday, 26 June 2019 8:25 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

Hi

My name is Naomi Maslen and I would like to make sure Option 1 is available to all GPs

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.

Thanks
Naomi

From: Sheila Masters [REDACTED]
Sent: Friday, 8 March 2019 8:38 PM
To: medboardconsultation
Subject: 'Public consultation on complementary and unconventional medicine and emerging treatments'

I wish to voice my support for medical practitioners to be encouraged to step more into the field of integrative, complementary medicine. My doctor has recently undertaken further studies in such areas and is gaining a deeper perspective about appropriate, well researched, alternative possibilities. I find this is extremely heartening. Our conversations about my health choices (and that for my family) now have an added depth and I believe our interactions are more authentic and inclusive. My health and wellbeing (and that of my loved ones) is a priority and I expect to offered choices at every level of healthcare from a supportive, open-minded, responsive medical community. There should never be any regulatory discrimination against thoughtful citizens who choose an “alternative” approach to what is considered “normal” at this time in history.

Sheila Masters

From: Susan Mathers
To: [medboardconsultation](#)
Subject: Consultation on complementary and unconventional medicine and emerging treatments'.
Date: Wednesday, 29 May 2019 5:11:26 PM

I wish to provide feedback on the current consultation above.

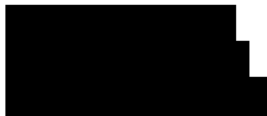
I am a GP who practices mainstream medicine and respects patient choice. Although I prefer Option 2 as outlined in the consultation paper, I suspect that it will not result in any significant change in the behaviour of practitioners who work in the field of unconventional medicine.

The major issues as I see them are;

1. Informed consent - mandatory explanation that the therapy is untested and unproven in humans and that safety cannot be assured
2. Financial harm - it seems that the costs of many of the unconventional treatments are significant.
3. Ensuring Medicare item numbers are not used by these practitioners

Regards

Dr Susan Mathers



From: Marlene Mathew [REDACTED]
Sent: Tuesday, 2 April 2019 6:56 PM
To: medboardconsultation

Hi

I would like to state the obvious- That Naturopathy is extremely valuable, effective, and safe, and that I have been restored to health using a variety of streams of naturopathy, thereby avoiding the need for surgery and other life long side-effects.

I find your intention to close this avenue for the public very invasive, controlling and goes against the welfare of the patients you seek to help. I trust you will change this intention immediately so we can benefit from the many streams of effective scientifically proven methods that bring healing to people, such as myself.

Please do not close this avenue for the millions who use it. Option 2 should not be pursued but cancelled!

Thank you

Marlene Mathew

From: Leonie [REDACTED]
Sent: Saturday, 29 June 2019 1:59 AM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments

To whom it may concern,

Please regard this letter a formal submission in response to the Medical Board of Australia's proposal to strengthen guidelines surrounding medical practitioners who provide Complementary, Integrative and Unconventional Medicine. I am greatly concerned regarding these proposed changes and do not agree with them.

I have personally benefited in many ways from Complementary Medicine as an adjunct to Allopathic Medicine. It has helped me rise to become a productive member within the workforce as opposed to a life reliant on social benefits and family assistance due to chronic illness. Without it I would be lost.

I cannot thank my doctors enough for the stress they take on themselves with boards such as yours that continually create obstacles when it is obviously clear that combined allopathic/complimentary treatment protocols work well for many.

The imposition of increased restrictions through the changing of guidelines will definitely stifle the innovation and advancement of medical treatment options available in Australia, especially in regard to chronic and disabling health conditions. Australia will be viewed as living in the dark ages in comparison to progressive countries such as in Europe.

I highly value Complementary Medicine and feel very fortunate to have access to qualified trusted doctors that are able to bring their specialised expertise to my health program. I also feel very strongly in my freedom and right to choose the best path for my health care. I am an intelligent well educated person who opposes having my options restricted by those that believe they may know what is best for everyone based on their own perception and ideology.

The suggestion of strengthening guidelines is far too controlled and places my family's future health care success in jeopardy. This concerns me greatly.

My preferred outcome is Option 1 - to retain the status quo otherwise others like myself will be forced to seek complementary options out of view, for example overseas, leading to increased risks of adverse outcomes and financial detriment. Australia is not a third world country and I should be able to obtain my treatment of choice here at home.

Should Option 2 - greater regulation be implemented, I insist **all** medical practitioners be subject to the same rigorous guidelines with Integrative Medicine recognised as a specialty in order to allow increased Medicare rebates to alleviate the added costs of fulfilling additional regulations.

Yours faithfully,

Leonie Mathie.

29th June, 2019.

From: Murray May [REDACTED]
Sent: Tuesday, 25 June 2019 2:33 PM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments
Attachments: Integraive medicine curriculum.pdf

Hi

I am providing additional information on the above, for which I elected for **option 1** of the two available previously.

You requested additional information that might be helpful. I am concerned the Medical Board may be going backwards, not forwards. The Medical Board shouldn't be stuck in an old paradigm.

Here is an overview of the University of Arizona Centre for Integrative Medicine:

<https://integrativemedicine.arizona.edu/>

<https://integrativemedicine.arizona.edu/about/index.html>

Attached is an example of one of the integrative medicine curricula (in this example psychiatry). The University of Arizona is acting as a magnet for training of medical professionals in integrative medicine.

Below are some examples using acupuncture for pain management, including from Prof. Marc Cohen (RMIT):

<https://www.rmit.edu.au/news/all-news/2017/jun/acupuncture-relieves-pain-emergency-patients>

Cohen, M., Smit, D., Andrianopoulos, N., Ben-Meir, M., Taylor, D., Parker, S., Xue, C., Cameron, P. (2017). [Acupuncture for analgesia in the emergency department: a multicentre, randomised, equivalence and non-inferiority trial](#) In: *The Medical Journal of Australia*, 206, 494 - 499

See also the following links:

<https://www.mja.com.au/journal/2017/206/11/acupuncture-analgesia-emergency-department-multicentre-randomised-equivalence>

<https://www.health.harvard.edu/blog/acupuncture-is-worth-a-try-for-chronic-pain-201304016042>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4036643/>

<http://journals.sagepub.com/doi/abs/10.1177/2164956118769557>

There is a good deal available on an evidence based front in many complementary medicine areas.

I encourage the Medical Board to ditch a backward looking approach and help usher in a better way of doing medicine as is being demonstrated by the University of Arizona.

Regards

Murray May

Dr Murray May (PhD)



The Integrative Psychiatry Curriculum: Development of an Innovative Model

Noshene Ranjbar, MD¹ , Mari Ricker, MD², and Amelia Villagomez, MD¹

Global Advances in Health and Medicine
Volume 8: 1–7

© The Author(s) 2019

Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/2164956119847118

journals.sagepub.com/home/gam



Abstract

The Integrative Psychiatry Curriculum (IPC) was developed to train psychiatry residents and fellows to apply an Integrative Medicine (IM) approach for patients presenting with psychiatric disorders. Launched in 2015, IPC includes interactive online courses, in-person experiential sessions, and a clinical component with supervision. Twenty-one residents and fellows have completed the curriculum. The purpose of the IPC is 2-fold: to enhance patient wellness through training residents and fellows in evidence-based whole-person care and to improve physician well-being through enhanced stress management and self-awareness utilizing the practice of mind-body skills within a supportive small group setting. Course participants are trained in a broad range of prevention and treatment options and learn about their evidence base; they then practice incorporating IM into diagnosis and treatment plans through supervised clinical experience. This article describes the development of IPC and its elements. Efforts are underway to further develop and standardize the offerings and increase the portability of the course, making it easier for Psychiatry training programs with limited faculty expertise in IM to provide the curriculum for residents and fellows. To reach the goal of disseminating such a curriculum for integrative psychiatry, further funding and collaboration with multiple residency training programs is needed.

Keywords

integrative medicine, psychiatry training, model curriculum, whole-person care, physician wellness

Received January 20, 2019; Revised received March 21, 2019. Accepted for publication April 4, 2019

Introduction

As defined by the Academic Consortium for Integrative Medicine and Health, Integrative Medicine (IM) “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 and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing.”¹ The emphasis on empirical evidence of effectiveness distinguishes IM from the original concept of Complementary and Alternative Medicine (CAM). In addition, an increasing number of approaches, such as mindfulness meditation or the use of Omega-3 fatty acid supplementation, previously considered “alternative,” are now developing a growing evidence base for their use within the context of mental health conditions.^{2,3} In many such cases, despite a growing body of evidence for efficacy and safety, it can take years for new scientific knowledge to be implemented into widespread clinical practice.⁴

The healthcare system continues to face many challenges: rising costs, inability to effectively mitigate the

burden of chronic disease, distrust of medical professionals, and a crisis in physician wellness that leaves up to 42% of doctors suffering from burnout and contributes to high physician suicide rates.^{5–12} These factors paint a picture of a system in need of change. In addition, patients choose CAM methods in large numbers, including for common mental health conditions such as depression and anxiety.^{13–16} Meanwhile, physician interest and research on the effectiveness of IM approaches are growing. All these factors contribute to the need for providers to be educated in IM.

IM is especially relevant to psychiatric training because psychiatrists “are qualified to assess both the

¹Department of Psychiatry, University of Arizona, Tucson, Arizona

²Andrew Weil Center for Integrative Medicine, University of Arizona, Tucson, Arizona

Corresponding Author:

Noshene Ranjbar, Department of Psychiatry, University of Arizona, Tucson, Arizona, USA.

Email: noshene@psychiatry.arizona.edu



mental and physical aspects of psychological problems,” according to the American Psychiatric Association.¹⁷ IM emphasizes the interconnectedness of mind–body processes as applied to resiliency and health promotion, disease manifestation, treatment, and recovery processes, on which there is a growing body of research.^{18–20}

Despite the advantages of practicing an IM approach, most psychiatry training programs do not incorporate IM into the core curriculum or elective opportunities. Physician competency and confidence in their IM knowledge is low, IM content in psychiatry training is sporadic, and there has been no standardized IM curriculum for inclusion into psychiatry residency training programs.²¹ Given the vast subjects that IM encompasses and the growing body of IM research, a systematic approach is needed. This article describes an initiative to develop a rigorous, standardized IM curriculum specific to psychiatry, based on established IM programs for residency training in other fields and in line with guidelines and recommendations such as those established by the American Council on Graduate Medical Education (ACGME) and the Integrative Medicine in Preventive Medicine Education Center.^{22–24} The innovative Integrative Psychiatry Curriculum (IPC) teaches psychiatric residents and fellows the evidence-based practice of IM, enabling them to care more holistically for patients and for themselves. The IPC provides an opportunity to enhance the mental health system through improving the education of psychiatrists-in-training in a format that can be replicated across institutions.

Process

The IPC directors began the process of developing an IM curriculum for psychiatry trainees in November 2014. Both directors completed certification with The Center for Mind-Body Medicine (CMBM) as well as a 1000-hour fellowship in IM with the Andrew Weil Center for Integrative Medicine (AWCIM; formerly the University of Arizona Center for Integrative Medicine or UACIM) to deepen their own knowledge and skills and to enhance networking with other experts in IM. Upon approval by University of Arizona Department of Psychiatry leadership and residency training directors, IPC began as a pilot in July 2015. Through an iterative curriculum design involving feedback from participants and continual improvement, the program has been updated and expanded over several years.

The IPC was developed in partnership with AWCIM, which provided the interactive online course work, faculty mentorship, as well as research and IT support. The project was also bolstered by strong support from the Department of Psychiatry administration and leadership. Additional funding was received from The Weil

Foundation beginning in July 2016. A University of Arizona Strategic Priorities Faculty Initiative grant award provided faculty time for curriculum development, and existing AWCIM interactive online curricula for residents provided a model for the directors throughout this process. Integrative Medicine in Residency (IMR) was initially developed by AWCIM in 2008 for Family Medicine and has since been adapted for Internal Medicine, Pediatrics, Preventive Medicine, and Obstetrics. The IMR was originally implemented following a national needs assessment²⁵ and addresses core competencies delineated by the ACGME. It was then adopted and evaluated by 8 family medicine residency training programs.²⁶ The successes and challenges of the IMR were instructive, and the IPC directors learned from faculty leaders of those programs throughout the development of the IPC as well as from a further needs assessment specific to psychiatry training.²¹

Curriculum Content

Currently, the IPC consists of 3 synergistic components: online, experiential, and clinical. Participants who successfully complete the first year, IPC I, can elect to continue for a second year in IPC II. Table 1 details the program requirements in 2018–2019.

Online Component

The aforementioned IMR curriculum developed for primary care residents provides the foundation for the interactive online component of IPC and is important to the IPC for several reasons. As IM is a new field, few psychiatry faculty have received training in or have had the opportunity to utilize IM in clinical practice. Thus, the availability of a standardized, online curriculum shown to be effective and feasible in other fields ensures that residents have access to consistent, evidence-based content that meets the highest standards of medical education and provides a broad foundation for IM training.²⁶ Online courses also allow flexibility in scheduling; given the time demands on residents, it is important that they can access materials when and where they are able. The IM-trained and experienced IPC directors selected 95 hours of the most essential and relevant content for psychiatry trainees from the existing AWCIM IMR online curricula. The IM curriculum includes Introduction to IM, Mind-Body Medicine, Physician Well-Being, Motivational Interviewing, Neural and Mental Health, Complementary Medicine, Dietary Supplements, Nutrition, and Special Topics (Table 2).

Experiential Component

The in-person experiential component of the IPC occurs during a 2-hour per week dedicated session

Table 1. Integrative Psychiatry Curriculum Content.

Course Component	Content
Online course	95 hours of interactive modules
Experiential and didactic	2 hours per week Mind Body Skills Group: 10 weeks Presentations by Community Practitioners Journal Club
Clinical	Case conference presentations: 3–4 times per year <i>IPC I Trainees</i> —6–10 hours per week 2–3 new intakes per month per learner 8 one way mirror new patient evaluations followed by group case formulation discussion and treatment planning Individual and group supervision Weekly practice of opening meditation and Learning Rounds Incorporation of Smart Phrases/Autotexts for clinical documentation <i>IPC II Trainees</i> —flexible hours; intakes and/or follow ups at Integrative Psychiatry Clinic
Requirements for trainee to receive certificate of completion	Completion of 80% of online course materials Completion of reflection paper and literature review paper Receive passing score on final exam Participation in 80% of in person activities
Evaluation of the IPC	Pre and post surveys of knowledge base; assessments of self care, quality of life, stress management, and career satisfaction Qualitative assessment of the program through individual interviews with each trainee at the conclusion of the year

Abbreviation: IPC, Integrative Psychiatry Curriculum.

longitudinally during the academic year. It starts with a 10-week Mind-Body Skills Group (MBSG) series based on The CMBM model.²⁴ The MBSG promotes self-care and well-being among residents through learning and practicing skills to enhance self-awareness, resiliency, and stress management. The CMBM model is an evidence-based program developed in the mid-1990s, has been used to train more than 6000 physicians and community leaders, and has been utilized at more than 15 medical schools.²⁷ This model was chosen because of its proven effectiveness and its foundation in evidence-based mind-body approaches and techniques. The model requires a CMBM-certified facilitator who can skillfully guide participants through the sometimes challenging course. It is important that the facilitator not be in a supervisory position to the trainees so that they feel comfortable discussing personal issues. In turn, the trust that is developed among participants helps build a supportive community among colleagues that can ease the strains of residency training.^{27,28}

Following the MBSG, other experiential sessions led by psychiatry faculty and select community practitioners of IM cover a variety of IM topics, including nutrition in mental health, biofeedback and neurofeedback, herbal medicine, acupuncture, Ayurveda, and more. The topics are chosen because they reflect treatments patients often adopt on their own; hence, it is important for

psychiatrists to be familiar with up-to-date evidence on the safety and efficacy of these options. The experiential sessions familiarize trainees with a variety of IM techniques for themselves, based on the premise that familiarity through personal experience increases knowledge and confidence in determining whether or not to consider or recommend an approach to a patient. The experiential sessions both augment and complement the online curriculum. For example, a presentation on motivational interviewing follows the online module on the topic. Many of the sessions cover psychiatry-specific topics that are not currently included in the online curriculum.

Supplementary sessions include trainees facilitating journal club, an opportunity to critically analyze the literature. Other sessions are devoted to case presentations, in which trainees synthesize and articulate what they have learned and discuss select cases in depth. Trainees write a reflection paper about their experience in the IPC as well as a literature review paper on an IM topic of choice as it relates to psychiatry.

Clinical Component

For the first 2 months of the academic year, a series of educational patient evaluations are conducted at the Integrative Psychiatry Clinic, which opened in 2017 in response to repeated trainee requests for more clinical

Table 2. Online Coursework.

Unit	Course	Hours
Introduction to integrative medicine	Introduction to integrative medicine	0.5
	Medical informatics	1
Mind body	Foundations of mind body medicine	3
	Mind body modalities	5.5
	Spirituality and health care	3
Physician well being	Sleep and dream health	3.5
	Physician well being	4.5
	Physical activity in health (optional)	0.5
	The anti inflammatory diet	4.5
Motivational interviewing	Motivational interviewing: An introduction	5
Neural and mental health	Introduction to integrative mental health	7
	Introduction to integrative neurology	2
Clinical practices	Integrative pain management	11
	Causes of obesity	0.5
	PMS/PMDD	0.5
	Integrative gastroenterology	1.5
	Integrative diabetes care	3.5
	Integrative pediatric neurology (optional)	1.5
Complementary medicine	Whole systems introduction	3.5
	Botanicals foundations	8.75
	Aromatherapy and health	1.5
Dietary supplements	Micronutrients and supplements: An intro	0.75
	Common dietary supplements	1
	Vitamins	1
	Minerals	0.5
Nutrition	Introduction to nutrition	5
	Children's nutrition case studies	2.25
Special topics	Manual medicine: An overview	3
	Physical activity for children (optional)	0.5
	Environmental health: An integrative approach (optional)	5
	Energy medicine: Foundations (optional)	0.25
	Practice management (optional)	3
	Total hours	95

Abbreviation: PMS/PMDD: Premenstrual Syndrome/Premenstrual Dysphoric Disorder.

experience in integrative psychiatry. In these sessions, the IPC supervising psychiatrist and one of the trainees interview the patient while the other IPC trainees observe behind a 1-way mirror. Following the hour-long interview, the supervising psychiatrist meets with the trainees to create a biopsychosocial-spiritual formulation and a comprehensive treatment plan utilizing an integrative approach. In addition, each IPC I trainee completes 2 to 3 new patient evaluations and approximately 20 follow-up patient visits per month in the clinic.

All patients seen by residents and fellows in the Integrative Psychiatry Clinic count toward the trainee's outpatient clinical requirements. In the setting of our busy resident/fellow university-based clinic, a mix of child, adolescent, and adult patients are assigned to the trainees depending upon residency or fellowship training status and interest. Some of the revenue generated from the clinic helps to fund the educational costs of the IPC program. Indirect supervision is provided by an IPC

supervising psychiatrist in a group format 2 to 3 times per week; these hour-long supervision sessions begin with a 5-minute mind-body skills exercise led by one of the trainees, followed by discussion of cases seen in the clinic over the prior week. The supervision session also incorporates weekly "Learning Rounds," in which each participant shares 1 interesting fact they have learned from the online modules or other readings related to integrative psychiatry.

Supporting Materials

In addition to the core online, experiential, and clinical components described above, the IPC directors have developed an electronic resource collection of course guidelines, syllabi, schedules, and sample documentation for initial evaluation and follow-up visits to support residents in training. The collection includes peer-reviewed articles on IM topics related to psychiatry; it also

includes a library of phrases that can be incorporated into clinical documentation in electronic medical records to support trainees as they seek to implement IM and demonstrate the evidence base of the recommended treatments. In addition, several patient handouts have been developed, including a list of community practitioners for referrals, information on the use of supplements, mind–body skills, and lifestyle modification topics. Many of the handouts come from the AWCIM online curriculum; others are compiled by IPC directors or obtained from reputable evidence-based sources. Because it is electronic, this collection of resources can be distributed across institutions, making for a shared repository of knowledge and information that contributes to the development and standardization of IM education in psychiatry.

Integrative Psychiatry Curriculum II

IPC II was first offered in 2016–2017 and is available to residents and fellows who complete IPC I. It requires 2 or more hours per week of patient care in the Integrative Psychiatry Clinic, consisting of new patient evaluations and/or follow-ups with supervision from IPC faculty. The goals are for trainees to further apply knowledge of IM in a clinical setting and to continue practicing mind–body techniques for their own well-being, self-awareness, and mindfulness in medical practice.

Trainees participating in IPC II can choose to assist with experiential sessions for IPC I. IPC II requirements include engagement in scholarly activity by presenting at the Department of Psychiatry Grand Rounds or contributing to a poster, book chapter, or journal article on an IM topic with faculty supervision. Participants can also take part in Quality Improvement projects to enhance the scheduling, flow, and patient care measurement outcomes at the Integrative Psychiatry Clinic, which hones administrative and management skills.

Feedback and Response

Twenty-one residents and fellows have completed IPC I over the 3 years it has been offered at the University of Arizona, and an additional 7 are enrolled in 2018–2019. To receive a certificate of completion in IPC I, residents must attend 80% of the experiential sessions (this takes into consideration leave for vacation and other excused absences). The average attendance since the inception of the IPC is 85%.

Qualitative feedback and attendance rates support the hypothesis that the curriculum is a feasible means of teaching evidence-based IM within psychiatry residency and fellowship training while also advancing physician self-care skills. Quantitative data on participants' medical knowledge as well as surveys on participant

well-being and stress management are being collected for analysis and will be made available at a later date.

Response to the MBSG has been very positive across all years of the IPC. Participants noted that they adopted the mind–body techniques for their own self-care and well-being and utilized the techniques in their patient encounters. Although some participants said that they felt somewhat uncomfortable sharing their personal experiences with their colleagues in the MBSG group, they all indicated that the course was worthwhile and that they would recommend it to others. In fact, the strongly positive response to the MBSG led to residency training directors offering it as a required experience for all incoming residents beginning in 2018.

Regarding the overall curriculum, trainees during the 2017–2018 qualitative exit interviews reported that each component (online, in-person experiential sessions, and clinical) of the curriculum was essential: the online curriculum provided quality information linked directly to the published sources, the in-person experiential teaching facilitated a deeper understanding of important topics, and the clinical experience allowed them to practice translating their new-found knowledge to clinical cases. All the residents and fellows stated that they would recommend the course to other trainees, and many stated that all psychiatry trainees should be taught IM.

Next Steps

For the IPC to achieve its full potential as a rigorous, standardized way to incorporate IM into psychiatric training, a number of steps are required. These include (1) building a scholarly community and recruiting other institutions to adopt and pilot the course; (2) securing funding to support activities related to expansion and research; (3) creating additional online curriculum dedicated to psychiatric care, refining and distributing experiential sessions, and making adjustments to facilitate distribution to other training institutions; and (4) conducting assessments and research to document the program's effectiveness and disseminating the results.

Efforts to build community and recruit more institutions to adopt the IPC have already begun. In 2017, the University of New Mexico (UNM) Department of Psychiatry became the first satellite site to adopt the IPC. UNM began offering the interactive online curriculum with 2-hour optional experiential sessions as an elective for psychiatry residents and fellows in 2018–2019. The IPC directors are supporting UNM efforts through teleconference and in-person consultations as well as by conducting Grand Rounds at UNM and sharing electronic resources. Program development continues at UNM, with plans to incorporate a clinical component and more structured experiential sessions in the near future.

Additional support and community-building opportunities are in place for institutions wishing to integrate IM into their residency training curricula. The AWCIM IMR Program has been training residents and developing faculty for more than 10 years. AWCIM hosts an annual Faculty Development Meeting which includes a Resident Leadership track; it is a multiday meeting for IMR faculty site leaders and select residents from institutions around the country who incorporate IMR in their training programs. Another source of support and community for residents, fellows, faculty, and practicing psychiatrists interested in IM is an Integrative Psychiatry Facebook Group, which is moderated by the IPC directors. Participants are invited to share resources, post new published research, and offer ideas about how to approach challenging cases.

Funding is crucial to support the activities associated with making improvements and adjustments to the course for wider distribution, creating the mechanisms for dissemination, and conducting and publishing research. In order to develop a psychiatry-specific online integrative curriculum, beyond the current modules selected for the IPC from the existing AWCIM online curricula, additional resources are needed. Funding will also support recording of experiential sessions, therefore allowing for standardization and for portability of the program to pilot sites with less faculty expertise in IM. In addition, funding will help with the enhancement of information on patient safety and legal, regulatory, and ethical issues, and will aid in making available supporting tools such as webinars and in the distribution, growth, and updating of the electronic resource collection.

With additional institutions participating in a national pilot, upgraded course materials optimized for distribution, and funding in place, standardized assessments across pilot institutions can be implemented, providing a broader evidence base for evaluation of the effectiveness of the program. This will facilitate the compilation and publishing of the results of such studies.

IPC, the first program of its kind, paves the way for bringing together a cohort of interested psychiatry residency and fellowship training programs to implement IM in psychiatry across multiple sites. We envision that a well-designed and collaboratively implemented IM curriculum can enhance the prevention and treatment of psychiatric disorders while also teaching tools to enhance resident self-care and well-being. It will address a currently unmet need and contribute to the future direction of graduate medical education and mental health care.


Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iD

Noshene Ranjbar  <https://orcid.org/0000-0003-0013-0502>

References

1. Academic Consortium for Integrative Medicine and Health. *Introduction: Definition of Integrative Medicine and Health*. <https://imconsortium.org/about/introduction/>. Published 2018. Accessed March 7, 2019.
2. National Center for Complementary and Integrative Health. *Complementary, Alternative, or Integrated Health: What's in a Name?* <https://nccih.nih.gov/health/integrativehealth/hed2>. Published 2018. Accessed November 9, 2018.
3. Bell IR, Caspi O, Schwartz GER, et al. Integrative medicine and systemic outcomes research: issues in the emergence of a new model for primary health care. *Arch Intern Med*. 2002;162(2):133-140.
4. Morris ZS, Wooding S, Grant J. The answer is 17 years, what is the question? Understanding time lags in translational research. *J R Soc Med*. 2011;104:510-520.
5. Papanicolaos I, Woskie LR, Jha AK. Healthcare spending in the United States and other high income countries. *JAMA*. 2018;319:1024-1039.
6. Shanafelt T, Goh J, Sinsky C. The business case for investing in physician well being. *JAMA Intern Med*. 2017;177(12):1826-1832.
7. Multiple Chronic Conditions Chartbook. *Agency for Healthcare Research & Quality* 274. <https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/preventionchronic275care/decision/mcc/mccchartbook.pdf>. Accessed September 14, 2018.
8. Ranjbar N, Ricker M. Burn bright I: reflections on the burnout epidemic, part one of a two part series. *Am J Med*. 2019;132:272-275.
9. Blendon RJ, Benson JM, Hero JO. Public trust in physicians—US medicine in international perspective. *N Engl J Med*. 2014;371:1570-1572.
10. Medscape National Physician Burnout and Depression Report. 2018. <https://www.medscape.com/slideshow/2018-life-style-burnout-depression-6009235>. Accessed August 10, 2018.
11. Center C, Davis M, Detre T, et al. Confronting depression and suicide in physicians: a consensus statement. *JAMA*. 2003;289:3161-3166.
12. Kumar S. Burnout and doctors: prevalence, prevention and intervention. *Healthcare*. 2016;4(3):E37.
13. Clarke TC, Black LI, Stussman BJ, Barnes PM, Nahin RL. *Trends in the use of complementary health approaches among adults: United States, 2002-2012*. National Health Statistics Reports No. 79. Hyattsville, MD: National Center for Health Statistics; 2015. <https://www.cdc.gov/nchs/data/nhsr/nhsr079.pdf>. Accessed April 15, 2019.
14. Nahin RL, Barnes PM, Stussman BJ. *Expenditures on complementary health approaches: United States, 2012*. National Health Statistics Reports. Hyattsville, MD: National Center

- for Health Statistics; 2016. <https://www.ncbi.nlm.nih.gov/pubmed/27352222>. Accessed April 15, 2019.
15. Black LI, Clarke TC, Barnes PM, Stussman BJ, Nahin RL. *Use of complementary health approaches among children aged 4-17 years in the United States: National Health Interview Survey, 2007-2012*. National Health Statistics Reports No. 78. Hyattsville, MD: National Center for Health Statistics; 2015. <https://www.cdc.gov/nchs/data/nhsr/nhsr078.pdf>. Accessed April 15, 2019.
 16. Unützer J, Klap R, Sturm R, Young AS, Marmon T, Shatkin J, Wells KB. Mental disorders and the use of alternative medicine: results of a national survey. *Am J Psychiatry*. 2000;157:1851-1857.
 17. American Psychiatric Association. *What is psychiatry?* <https://www.psychiatry.org/patients-families/what-is-psychiatry>. Accessed November 9, 2018.
 18. Taylor AG, Goehler LE, Galper DI, Innes KE, Bourguignon C. Top down and bottom up mechanisms in mind body medicine: development of an integrative framework for psychophysiological research. *Explore*. 2010;6:29-41.
 19. Kemp AH, Quintana DS. The relationship between mental and physical health: insights from the study of heart rate variability. *Int J Psychophysiol*. 2013;89:288-296.
 20. Kolacz J, Porges SW. Chronic diffuse pain and functional gastrointestinal disorders after traumatic stress: pathophysiology through a polyvagal perspective. *Front Med*. 2018;5:145.
 21. Ranjbar N, Villagomez A, Brooks AJ, Ricker M, Lebensohn P, Maizes P. Assessing integrative psychiatry curriculum needs. *Glob Adv Health Med*. 2019.
 22. American Council on Graduate Medical Education and American Board of Psychiatry and Neurology. *The psychiatry milestone project*. [https://www.acgme.org/Portals/0/PDFs/Milestones/PsychiatryMilestones.pdf?ver=2015 11 06 120520 753](https://www.acgme.org/Portals/0/PDFs/Milestones/PsychiatryMilestones.pdf?ver=2015%2011%2006%20120520%20753). Published 2015. Accessed December 31, 2018.
 23. Jani AA, Trask J, Ali A. Integrative medicine in preventive medicine education: competency and curriculum development for preventive medicine and other specialty residency programs. *Am J Prev Med*. 2015;49:S222-S229.
 24. Center for Mind Body Medicine. *Professional training in mind body medicine*. <https://cmbm.org/training/mind-body-medicine-esalen> 2019. Published 2018. Accessed December 4, 2018.
 25. Benn R, Maizes V, Guerrero M, Sierpina V, Cook P, Lebensohn P. Integrative medicine in residency: assessing curricular needs in 8 programs. *Fam Med*. 2009;41:708-714.
 26. Lebensohn P, Kligler B, Dodds S, et al. Integrative medicine in residency education: developing competency through online curriculum training. *J Grad Med Educ*. 2012;4:76-82.
 27. Gordon JS. Mind body skills groups for medical students: reducing stress, enhancing commitment, and promoting patient centered care. *BMC Med Educ*. 2014;14:198.
 28. Saunders PA, Tractenberg RE, Chatterji R, et al. Promoting self awareness and reflection through an experiential mind body skills course for first year medical students. *Med Teach*. 2007;29(8):778-784.

From: M McAdam
To: [medboardconsultation](#)
Subject: 'Consultation on complementary and unconventional medicine and emerging treatments'.
Date: Monday, 27 May 2019 4:09:55 PM

Hello

I am not an integrative practitioner however I remain open to all new research supporting a new treatment and make decisions based on merit and strength of the science and the relative safety of the information.

I explain to patients the nature of the research strength in discussions and let them make their decision if they wish to try something new.

All Drs have prescribed "off label". Its a common practice as it takes time to register new products and Drs do not want to allow the tardiness of Govt bodies to affect their best possible care available.

To try and shut down this area of the "early adopters" of new health innovations /medicine which plays an important role in supporting new research, would delay the adoption of new research and the benefits to the community

I like to remind people at this stage that when smoking was hinted at in early research as causing lung cancer it took 20 years for the "body of evidence" to be strong enough for the medical profession to say so clearly and unequivocally.

In the meantime many would have died from the lack of timely advice given to them, while awaiting this consensus statement

Dr Papanicolaou, who invented the pap smear, it took 15 years from when he announced his discovery to have the medical profession adopt it and recommend it

In the meantime many women died unnecessarily of their cervical cancers.

1947 the defibrillator was invented. It was not put into full use until 1965 by the medical profession.

How many people died while awaiting this?

The early adopters (the complementary practitioners) and the late adopters (the medical profession as a whole) both have their part to play in the community. They need each other. The early adopters drag the late adopters along by advocating for new treatments that the rest of the medical profession hasnt caught up with yet.

Just my thoughts

Dr M McAdam

From: yvonne mcardle [REDACTED]
Sent: Wednesday, 26 June 2019 5:02 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

It is clear what is driving this new threat to consumer choice on health.
Big Pharmaceutical!

It is too obvious and I hope one day there will be a royal commission on the links between MBA and the pharmaceutical corporations .

Sincerely

Yvonne Mcardle

From: Yvonne Mcardle [REDACTED]
Sent: Wednesday, 26 June 2019 4:56 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

Dear sir/ madam,

I am alarmed that choice on our healthcare will be diminished if you differentiate rules for doctors choosing to practise complementary therapies and for those who stick with conventional pharmaceuticals.

There should be only one set of good practice guidelines that ALL doctors should follow and if MBA introduce new rules, any doctor practicing safe and effective Integrative Medicine may find themselves breaching the regulations and may be subject to disciplinary action from the MBA's regulatory branch, AHPRA, including deregistration. What is clear is that such a threat will deter a number of practitioners and, ultimately limit our choice, and again big pharmaceutical wins.

If new rules are drawn up to stifle medical practitioners who choose alternative therapies to what the powerful pharmaceutical industry prescribe, it will only reinforce public opinion that the MBA and AHPRA are stooges of

From: Joseph McConnell [REDACTED]
Sent: Tuesday, 26 February 2019 12:33 PM
To: medboardconsultation
Subject: Alternative Medicine Regulation

While the second option is clearly preferable, I favor a third approach, one which would ban all alternative medicine, and confine alternative practitioners in large, abusive detainment facilities run by exiled members of the Trump administration.

I know some may find this excessive, but, to be honest, I don't care.

From: Malcolm McCowan [REDACTED]
Sent: Tuesday, 16 April 2019 11:13 AM
To: medboardconsultation
Subject: Submission - Medical

Importance: High

16 April 2019

The Executive Officer
Medical
AHPRA
GPO Box 9958
Melbourne 3001

Dear Sir/Madam,

I write in relation to the proposal by the Medical Board to create new regulations governing the practice of "Complementary and Unconventional and Emerging Medicine".

My name is Malcolm McCowan B.E., [REDACTED] years of age and a resident of [REDACTED]
[REDACTED]

I have used a variety of complementary treatments over many years to good effect.

I enjoy good health and have no need for prescription drugs.

I see no reason to change the current regulations governing complementary practitioners or their treatments.

I value the freedom of choice that now exists.

It is my body and if I want to seek help from a person who treats the whole person

rather than just the symptoms, then I should have that right to do so without increased regulation. I accept that some regulation is appropriate.

Mistakes are made in all areas of medical practice.
The old joke is that "Doctors bury their mistakes".

If conventional "Western Medicine" had all the answers, people would not need to seek alternatives. Extra regulation will only make it difficult for many people.

So please maintain the *status quo* re complementary practitioners.

Sincerely

Malcolm McCowan

[REDACTED]

From: Kerryia McDowall [REDACTED]
Sent: Thursday, 14 March 2019 10:29 PM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments

I don't believe these restrictions are necessary or required. I have seen integrative health professionals for complementary care when main stream doctors and medicine were unable to help and essentially cast me aside. By removing my ability to source this care you are marginalising me and others just like me. I have tried anything and everything my doctors recommended until we hit a wall. My last ditch effort was integrative care and if this field is changed in the ways you are suggesting I will no longer be able to see these professionals in the way I need and will be forced to leave Australia taking my family and our businesses with us.

From: Chloe McGrath [REDACTED]
Sent: Tuesday, 19 March 2019 7:58 AM
To: medboardconsultation
Subject: Changing of policy

To whom it may concern,

Alternative medicine & therapy has been used for thousands of years. It has changed the lives of chronically ill patients. It has helped people with autoimmune diseases that medical and pharmaceutical companies have only ever been able to treat the symptoms, ensuring that they are on medication for life. There are a multitude of benefits of alternative medicine and therapies.

Maybe you should worry about studying your vaccines adequately before you destroy an industry that's actually designed to HELP.

Kind regards
Chloe.

From: [REDACTED]
Sent: Saturday, 29 June 2019 8:57 PM
To: medboardconsultation
Subject: Integrative Medicine

Dear Medical Board of Australia

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 they spend more time with their patients, and look for the cause of the illness rather than rushing us out within 5-10 minutes. How many doctors spend an hour getting to know their new patients?

Integrative Medicine Doctors take the time to get to know their patients, and they have done all this extra training out of their own pocket so that they can really help their clients. Why should they be punished for caring and wanting to help their patients better?

Instead you are punishing them for wanting to do the best for their patients. One of my doctors has already given up her clinic and moved to another practice. Although she did not say that was the reason, the timing is a little coincidental. Many people will still follow her because she is such a great doctor, but it was a shock to everyone who attended that clinic that it is no more.

I have had health issues for many years, and conventional medicine could give me no answers or treatment. In fact treatment by conventional doctors has in the past harmed me and my family.

I am very concerned about the proposed regulations because there is no need to regulate Integrative Medicine. I should be able to see the doctor of my choice, especially one who takes the time to keep up with the latest health science. One of our doctors regularly goes overseas for further training, on his own behalf and out of his own pocket. Shouldn't that be rewarded AND encouraged?

I am sure you are aware that 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 obviously a 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.

I hope that you will see that punishing Integrative Medicine Doctors benefits neither the doctor nor their patients. Please leave things as they are. Thank you.

Yours sincerely
Tanya McIvor

From: S.McKendry [REDACTED]
Sent: Tuesday, 16 April 2019 6:58 PM
To: medboardconsultation
Subject: Feedback regarding proposed changes to Integrative Doctors

Dear Madam/Sir

I am emailing to express my concern that the Medical Board at this time is looking to limit and control what Integrative Doctors can prescribe and, by doing so, 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 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 accreditations in their respected field.

I appreciate your time in considering mine, and many others, views on this matter when considering your decision.

Please do not hesitate to contact me if you would like to discuss my comments further or if I can provide you with any further information with regards to my own (extremely beneficial and positive) experience as a patient of an Integrative Doctor.

Yours sincerely
Susan McKendry

Susan McKendry
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Friday, 5 April 2019 1:21 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments'

To whom it may concern

I am writing to express my strong opposition to plans to change the regulations such that medical practitioners offering complimentary therapies will be treated differently to those who do not.

This is inappropriate in the extreme and must be stopped.

Patients have a right to choose a physician of their liking.

Further, practitioners have a right to be treated equally and to practice therapies that they have found from experience to be of benefit to their patients.

Please stop this further attack on the practice of complimentary therapies, many of which have been shown in scientific studies, to be of benefit to many people.

warm regards

Lyn McLean

[REDACTED]

From: julie mcleish [REDACTED]
Sent: Friday, 12 April 2019 1:59 PM
To: medboardconsultation
Subject: complementary medicine

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 I feel it's important that I have the freedom of choice in the type of medical care that Australians use to address their chronic health issues.

As a current student studying science it is quite clear what we think we know doesn't necessarily mean it is right. History shows us this on a consistent basis.

Concerned,

Julie McLeish

From: [REDACTED]
Sent: Thursday, 20 June 2019 2:56 PM
To: medboardconsultation
Subject: Objection to proposed changes

It has come to my attention that the Australian Health Practitioner Regulation Agency may be seeking to amend or redefine some medical activities of which I have been associated with through the doctor of my choice for a period of twenty years and have been extremely pleased with the continuing good health I enjoy and which, at the age of [REDACTED], I believe that this has predominantly been the result of the personal relationship with the doctor of my choice and am concerned that these decisions may become detrimental to my future health.

Of major concern to me is the Agency proposal under Option 2, to introduce tighter guidelines and promoting regulations which will in effect silence many good and caring doctors in fear of court action because they dare to have a say publicly about their practice. This could also have the effect of limiting my rights to choose my health care professional and, if complementary doctors are not around then my only option may be to see an MBA approved doctor.

This is not an option for my ongoing medical care and I strongly insist that I exercise my rights under the Australian Charter of Health care (2007-8) to be included in decisions about my personal health care and wish to insist on the freedom to choose a practitioner and managed treatment of my choice.

Please register this submission as a demand to leave my medical rights to me.

Yours sincerely,

Mrs Dot McManus

From: [REDACTED]
Sent: Sunday, 30 June 2019 10:48 PM
To: medboardconsultation
Subject: Public Consultation on clearer regulation of medical practitioners who provide complimentary and unconventional medicine and emerging treatments

Name : Ryan McMillan

Age : [REDACTED]

State of residence : Victoria

I am writing to express my concern with the proposed changes. I have utilised Complimentary or Unconventional or Emerging Medicine for my family and experienced the positive results it can provide. I am a firm believer that there is a place for **all** care providers where there is enough evidence it could benefit the patient. The experiences we have had with practitioners who have an integrated approach to their treatment, have always been transparent in their risks and reality of their effectiveness.

I believe and value the fact that Australia is a country where freedom of choice is valued and respected. This choice is essential when it comes to my individual right to choose who I (or my family) see when it comes to our health care. It is my right and responsibility to assess each individual practitioner on the care they provide whether its conventional or not. The outcomes which come from this decision are therefore the responsibility of each individual. It is for this reason it is imperative that option 1 to retain the current freedom of choice for patients and practitioners be the outcome of this public consultation.

If the Medical Board decide to choose option 2 for greater regulation then this option must be modified from what is proposed currently to ensure it applies to **ALL** medical practitioners to the same degree it would apply to those who have an integrated approach. In order to ensure the increase in costs of fulfilling the new regulations, the board needs to accept that Integrative Medicine utilising complimentary or unconventional or emerging medicine as well as conventional medicine be recognised as a specialty in order to allow for increased Medicare rebates.

At no point should a governing body in Australia be allowed to implement changes where non-pharmacological therapies and progressive ideas in emerging medicine are disadvantaged and restricted with red tape. The prevalence of miss treatment, ineffective treatment, missed diagnosis and general negligence is just as great in the conventional medical world as it is in the integrative medical world. It is important to note no approach will be faultless and therefore to impose restrictions on one approach and not the other is wrong.

As a Father of 4 Children in a country as progressive as Australia, I would consider the erosion of my rights to access Complimentary, Unconventional or Emerging Medicine due to over regulation, a major step backwards to the state of healthcare in this country.

Regards Ryan McMillan

From: Clare Mcpherson [REDACTED]
Sent: Monday, 8 April 2019 12:47 PM
To: medboardconsultation
Subject: Consultation on Complementary and unconventional medicine and emerging treatments

Good Afternoon

As a very satisfied user of complementary medicine as discussed with my doctor I am horrified that the medical board is even thinking of introducing new regulations.

I am totally opposed to any new regulations and I think it is up to the patient and doctor to decide what is appropriate and not the medical board.

I as a patient should be able to freely choose what is the best option for my health.

Yours Sincerely

Clare McPherson

From: Melissa [REDACTED]
Sent: Friday, 5 April 2019 4:57 PM
To: medboardconsultation
Subject: 'Consultation on complementary and unconventional medicine and emerging treatments

To who it may concern,

Having received excellent care and support from several practitioners of 'complementary and unconventional medicine and emerging treatments' I am concerned to hear my access to such options could be restricted or removed.

Comments on two questions in your paper:

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

Safeguards are needed for patients who seek any type of medical treatment, both conventional and complementary.

Ensuring practitioners have recognised qualifications and are keeping up-to-date with current advances is adequate in terms of safeguards.

People of Australia currently have free choice to seek the support they know is best for them. Restricting access to the type of practitioners/treatments available goes against the principles of our democratic laws.

Q11. My preference is for option 1.

If you have real concern for people's wellbeing you will allow them to continue to choose the treatment that is working best for their individual needs.

Regards,
Melissa

From: [REDACTED]
Sent: Thursday, 11 April 2019 3:01 PM
To: medboardconsultation
Subject: Fwd: Consultation on complementary & unconventional medicine & emerging treatments

----- Forwarded Message -----

Subject: Consultation on complementary & unconventional medicine & emerging treatments
Date: Thu, 11 Apr 2019 11:34:39 +1000
From: [REDACTED]
To: mediboardconsultation@ahpra.gov.au

I am very concerned that the Medical Board Of Australia wants to restrict our choice of health care. I use both & I have better results with natural medicines. I also like doctors who are open minded, not doctors that try to push conventional medicines. If both sides of health care could unite we would have a fabulous health system. Do not take natural health care away from us. Also natural medicines have been around for thousands of years. Do not let large pharmaceutical companies control our doctors who need freedom of choice. Thanking you Lorraine Meredith

From: [REDACTED]
Sent: Monday, 18 March 2019 5:46 PM
To: medboardconsultation
Subject: Complementary and Unconventional and Emerging Medicine

To The Executive Officer, Medical, AHPRA

Complementary and Unconventional and Emerging Medicine.

Sir,

It has been brought to my attention that the Medical Board of Australia is proposing to impose extra red tape onto practitioners deemed to fall into the above categories. (How are they to be categorised?)

Whilst all Australian citizens and visitors rely on, and have great confidence in, our medical professionals, isolating any group seems contrary to your overall aims of allowing patients the ability to choose the best avenues for their health needs. Certainly adding red tape can only increase costs.

My name is Beverly Ann Merewether and I have lived all my [REDACTED] years in [REDACTED]. I use, and value the skills of, more than one doctor that may fall into the above categories. All are highly qualified medical practitioners. I have been treated by them for many years and they have enabled me to continue my relatively active and pain free life. To have any interference with their ability to provide me with the attention I currently get, at the price I currently am able to pay, is a horrifying thought.

If any changes are to be introduced they must be of a universal nature, applying to all medical practitioners, and beneficial to all - especially patients. BUT, preferably, please retain the status quo.

B A Merewether

From: Jennette
To: [medboardconsultation](#)
Subject: Consultation on complementary and unconventional medicine and emerging treatments
Date: Friday, 21 June 2019 10:59:36 AM

To AHPRA,

The Medical Board of Australia has commenced a public consultation on new guidelines for 'complementary and unconventional medicine and emerging treatments'. I am concerned if we go ahead with a two-tiered system there will be a hugely negative and unwarranted impact on Integrative Medicine and its practitioners. Obviously if this occurs it will also impact those seeking their care.

My understanding is that these new proposed guidelines will impact doctors, complementary practitioners, allied health professionals, pharmacists, compounding pharmacists and functional testing labs.

The following are some of the serious concerns I have;

Grouping integrative medicine with 'unconventional medicine' and 'emerging treatments' suggests non evidence-based. Similarly terms like 'unconventional medicine', 'inappropriate use' and 'emerging treatments' create a sense of insecurity and are inappropriate.

There should be only the concerns of those people seeking treatment receiving the best possible and most importantly being able to access the treatment of their choice without prejudice. Suggesting natural, alternative or integrative treatments have no evidence is simply untrue and misleading. Pitting 'conventional' medicine against complementary / integrative medicine is immoral and smacks of 'thought police' mentality

As there was no consultation with the practitioners of Integrative / complementary medicine those producing the document have clearly not been fully informed. Therefore this proposed document is a farce.

The two-tiered approach can be misused by people with professional differences but most distressing of all is the threat to a person's right to choose and have all health and therapeutic therapies and treatments available to them.

Yours sincerely,
Jennette Metcalfe



From: [REDACTED]
Sent: Saturday, 29 June 2019 8:28 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

Dear Sir/Madam

I choose **Option 1**: “no new regulations are required for doctors practicing in the areas of complementary medicine and integrative medicine.”

I began seeing an Integrative Medical Doctor whilst living abroad and was thoroughly impressed with their quality of care, depth of knowledge and the significant gains made as a result of their treatment. Upon returning to Australia I started seeing a GP during which time my health deteriorated and to this day, my doctor has been unable to identify the cause of my health concerns using conventional methods.

I chose to see an Integrative practitioner in Australia for many different reasons including:

- My integrative practitioner uses a wider range of diagnostic tests than conventional practitioners and as a result, has been able to identify a number of health issues that conventional doctors did not detect and insisted were 'all in my head'.
- My integrative practitioner provides me with a range of treatment options that do not result in allergic reactions or other adverse health concerns. As a result, I am once again making gains with my health.
- Many of the treatment options my integrative practitioner provides are not only those found in the Australian medical system but also from a wide and current body of peer reviewed research from other countries. This providing a much more progressive and varied approach to treatment and prevention of illness than anything offered in the conventional system.
- I have a long list of health care needs and my integrative practitioner takes the time to listen, get to the root cause of my problems and gives advice which is progressive and evidence based. This is the exact opposite of conventional GPs/specialists who rush appointments, treat isolated problems and provided simplistic and at times, ill informed advice which often resulted in me experiencing adverse reactions.
- My integrative practitioner not only focuses on treatment but also prevention. There are no preventative measures in the current medical system.
- Through natural and integrative approaches I receive a range of conventional and natural treatment options and am encouraged to make informed decisions re: treatments. With conventional GPs/ specialists, I am discouraged from asking questions and am given one option for treatment, that being pharmaceutical or surgical. I usually feel coerced into making decisions that are not in any way informed or adequately explained. Furthermore, I feel pressured into taking medications or following advice that I know will exacerbate my existing health problems.

The only concern of the Medical Board of Australia in this process is, and should be, safety. The Chair has said this publicly. I strongly believe that questions about the efficacy of Complementary and/or Integrative Medicines are should be a decision left to me.

I believe the conventional approach to medicine is highly effective for surgery and life saving practices and for this, I am happy to continue to use conventional medical practices. However for all other matters, including the common cold and preventative treatments, I prefer to see an integrative physician and use natural remedies as they are: safe, evidence based and do not cause me adverse reactions and harmful side effects, as does modern medicine. Most importantly, I want to be able to make informed decisions and choose the strategies that work for me.

Sincerely
Mia

From: Nola [REDACTED]
Sent: Friday, 21 June 2019 11:55 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."

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.

It is my choice of what type of approach I wish to take with regards to my health.

I prefer a much more holistic approach to my health than western medicine offers.

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. I want less side effects than the strong drugs western medicine offer.

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

Regards
Nola Miles

From: tanina millis [REDACTED]
Sent: Sunday, 30 June 2019 11:23 AM
To: medboardconsultation
Subject: Consultation on Complementary and Unconventional Medicine and Emerging Treatments

To whom it may concern,

I am writing to express my opposition to any legislative changes that will enable separate guidelines for doctors practicing Integrative Medicine and doctors practicing Conventional Medicine.

There is no evidence of harm from Integrative Medicine, which considers the bigger picture and utilises proven complementary therapies, making an important contribution to the improvement of health worldwide.

Conventional Medicine does not sufficiently address nutrition, disease prevention and lifestyle factors. It is not holistic and does not consider all treatment options available to the patient. There is evidence of the harm caused by this.

Patients have the right to choose the doctor and course of treatment that will best enable them to achieve wellness.

Further consultation with all affected parties and the community is required on this issue.

Sincerely,
Tanina Millis

From: julie [REDACTED]
Sent: Tuesday, 14 May 2019 8:25 PM
To: medboardconsultation; julie
Subject: Public consultation on complementary and unconventional medicine and emerging treatments

Dear Sir/Madman

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) is adequate to address the issues identified and protect patients.

Current medical doctors are scientists that reasonably are only interested in treating illness for which treatments are proven to work. The absence of proof or the inability to get proof does not mean that alternative treatments that doctors who focus on wellness do not work- it just means it hasn't been scientifically proven yet. If it doesn't involve a pharmaceutical- then who will ever pay for the research needed to prove it works. No one make a buck here!

Wellness or lack of it is a growing issue and integrative doctors need to be able to offer alternative treatments that traditional doctors do not. Mainstream medicine is obsessed with naming the disease you have and then can offer no real solutions to that problem

They have no idea what causes autoimmune and no solutions to cure it. Conditions such as this need doctors who will try alternative solutions used in other cultures and medical philosophies, to increase patient wellbeing while doing no harm.

Julie Mitchell
[REDACTED]

From: joe molnar [REDACTED]
Sent: Wednesday, 26 June 2019 2:45 PM
To: medboardconsultation
Subject: Alternative medicine ban . I find it hard to believe that the doctors should be worried about alternate medicine. It has been around a little bit longer han current medicine and unlike your medicine there is no nasty side affects.

Please stop this witch hunt by the makers of pills.

Joe

Executive Officer, Medical
AHPRA
GPO Box 9958
Melbourne 3001

6th April 2019

Submission to Public consultation on complementary and unconventional medicine and emerging treatments.

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?

I do not agree with the proposed term as it groups together three unrelated treatment types. The terms “complementary”, “unconventional” and “emerging” treatments have been defined separately and should not be grouped together in a way that suggests they are all “unconventional”. Further to this, there needs to be a clear, scientific definition of the apparent comparator “conventional medicine” in order to give meaning to the term “unconventional”.

The term “Integrative medicine” has been included in this list of “unconventional” forms of medicine, yet it is arguably best medical practice as it expands therapeutic options for patients, especially non-drug options, given that it is evidence-based and holistic in its approach.

Further to this, there is little evidence for significant safety concerns within the field of complementary medicine especially when practiced within an integrative medicine framework. Risks associated with complementary medicine are insignificant when compared to the iatrogenic harm related to “conventional medicine” use in general medical practice.

All doctors practicing integrative medicine should comply with the Good Medical Practice: Code of Conduct that places patient safety at the core of their practice. We do not need a second set of rules for integrative medicine doctors.

2. Do you agree with the proposed definition of complementary and unconventional medicine and emerging treatments – ‘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,

¹

conventional medicine. This includes unconventional use of approved medical devices and therapies.’ If not, how should it be defined?

In order to respond to this question, there needs to be a clear definition of the comparator “conventional medicine”. Considering the fast pace at which medicine is evolving and progressing, what is considered “unconventional” or “emerging” treatments today could be considered “conventional medicine” tomorrow.

Further to this, it is well documented that at least one third of Australian general practitioners are utilising complementary medicine as part of their practice in an integrative, holistic, patient-centred way. This would suggest to me that this is in fact “conventional medicine”. Creating a divide between “conventional” and “unconventional” medicine suggests that medicine is static and unchanging, which is clearly not the case.

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

I appreciate the issues identified in relation to a small number of medical practitioners whose behaviour has been deemed unprofessional after prescribing treatments that are unsafe. However, the fact that these cases were identified using the current Good Medicine Practice guidelines is evidence that these guidelines are working effectively to protect patient safety. I can find no evidence presented in the proposed guidelines that provides any quantitative measurement of the extent of the problem. Until this can be documented in a scientific, evidence-based way, it seems unnecessary to be going forward with the proposed changes to the guidelines.

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

My main concern is that these guidelines have been created without proper consultation with those organisations whom the guidelines will impact. I have been in communication with members of Australian College of Nutritional and Environmental Medicine (ACNEM), Australian Integrative Medicine Association (AIMA) and National Institute for Integrative Medicine (NIIM), none of which were consulted prior to the publication of this consultation paper. I believe that had this process occurred, these guidelines would not have been required and a great deal of money would have been saved.

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

No further safeguards are required than what is currently in place for patients who seek “conventional” medical treatments.

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

I would recommend and encourage the Board to work closely with AIMA, ACNEM and NIIM to access the evidence and data for the efficacy and safety of nutritional, complementary, alternative and emerging medicines.

Options

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

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

No

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

These guidelines should be revoked.

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

The Board should work closely with the peak bodies ACNEM, AIMA and NIIM, to address these concerns.

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

Option one – Retain the status quo of providing general guidance about the Board's expectations of medical practitioners who provide complementary and unconventional medicine and emerging treatments via the Board's approved code of conduct.

Yours sincerely

[Redacted signature]

Dr Sarah Moore

MBBS, FRACGP, FARGP, FACRRM, DRANZCOG

[Redacted contact information]
[Redacted contact information]
[Redacted contact information]

From: Jo Moorhouse [REDACTED]
Sent: Sunday, 30 June 2019 5:36 PM
To: medboardconsultation
Subject: Fwd: Consultation on complementary and unconventional medicine and emerging treatments

To whom it may concern

>
> 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

Jo Moorhouse

From: abdul moos [REDACTED]
Sent: Thursday, 27 June 2019 9:52 AM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

I have concerns about what is being introduced.

Patients, consumers and people in general should have a right to what treatment they seek and how they seek it; at the same time the government would try to protect people from abuses and misuse of unconventional medicine. The regulation of complementary and unconventional medicine and emerging treatments and practitioners can seem like a legitimate approach.

However the right to use complementary or unconventional medicine should not be restricted or made a 'crime', 'illegal', unfairly regulated, or the access to it made difficult or cumbersome that those seeking it would then not be able to have access to it and lead to the eventual cessation of 'unconventional' treatments.

Why not have a FDA clause which goes with most things not approved by the FDA.

FDA Disclaimer

These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure or prevent any disease.

Other disclaimers which can be added in such as:

"Prior to using these supplements, read the Supplement Facts, take them to your doctor for approval"

"It is important that you understand why no claims can be made about the products you choose at this clinic/hospital/centre etc. and we cannot suggest the use of any product that will effect a cure or affect a symptom/ailment."

"Before starting taking these supplements/ treatment etc. it' is best to check with your local GP. It is especially important for people who are: pregnant or breast feeding, chronically ill, elderly, under 18, taking prescription or over-the-counter medicines. Certain supplements can boost blood levels of certain drugs to dangerous levels. None of the products or information available to the public are intended to be a treatment protocol for any disease state, but rather are offered to provide information and choices regarding nutritional support for various health concerns. None of the information is intended to be interpreted as medical advice or instruction.

No action should be taken solely on its content; regardless of the perceived scientific merit, instead readers should consult health care professionals on any matter related to their health. "

"The use of any supplement/treatment for any reason other than to increase dietary intake levels of specific nutrients, is neither, implied nor advocated by this centre."

"For any suspected or known illness or health concern, always consult with your physician or health care provider prior to the purchase or use of any supplement. Any advice given or any reference to a specific supplement, product or treatment is for your information or convenience and may not be construed as an enticement to purchase and further is not intended or implied to be used in the mitigation, diagnoses, treatment, cure, or prevention of any disease. "

<http://www.nubeau.com/fda.htm>

At the end of the day it comes down to money. If we can swerve the patients to the conventional medicines it is in many cases profitable, but not always.

A report (2016) by Price Waterhouse Cooper for Medicine Australia revealed the following:

<https://medicinesaustralia.com.au/wp-content/uploads/sites/52/2018/07/Economic-Contribution-Innovative-Pharma-industry-Australia.pdf>

In Australia, during this time, the pharmaceutical industry made \$8.9 billion.

Per this report " It is extremely costly to develop new medicines that are effective and safe for patients with one report estimating an average cost of \$USD 2.5 billion to bring a new prescription drug to market" Thus there is a matter of vested interest.

Further to this, there is the:

"The Strategic Agreement with the Commonwealth

In 2017, Medicines Australia entered into a five year Strategic Agreement with the Commonwealth (on behalf of the innovative medicines industry) to support the sustainability of the PBS. As part of the Agreement, the industry will provide an additional \$1.8 billion in PBS savings over the five year term and in return, the industry will have a period of stability and policy certainty that will give companies the confidence to invest in and bring new medicines to Australians. In addition, savings from the agreement will be set aside to fund future PBS listing of innovative medicines. The Government has also committed to process improvements including a 50 per cent reduction in pharmaceutical company submission churn for PBAC approval to list a medicine on the PBS

Overall, the MA members interviewed perceive the Strategic Agreement to be a positive development. Although the price cuts are not viewed favorably, they are considered a necessary trade-off to make room for new products and provide a level of certainty for the next five years which can allow companies to better plan for the future. The commitment to reinvest savings back into health was viewed as more fair and a very positive outcome from the agreement."

So I believe that even further legislating 'unconventional medicine' , 'emerging treatments' , 'complementary medicine' that is not part of the big picture it will enable those investors to introduce more ' conventional (profit based) treatments.

The pharmaceutical industry already has huge market share, complementary or unconventional treatments make up a very small percentage, rather negligible in the big picture so why attack it? unless all vitamins, herbs and should be provided by the major pharma then it would seem wise to restrict it.

Of course one can always say it is for "public safety" but this again would be a falsehood. Taking the prescription of Psychiatric drugs as an example:

"Re-orienting drug therapy in this manner also raises questions about the validity and relevance of diagnostic systems such as the recently published DSM-5. The idea that psychiatric pharmaceuticals exert a disease- or disorder-specific action has long been one of the principal justifications for modern classification (Spitzer 1976), but as we indicate above, there is in fact no compelling evidence to support this supposition."

and

"When the nature of the useful effect is identified, however, other non drug-based ways of achieving the same result may be devised that avoid the potentially harmful consequences of drug exposure"

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4118946/> Moncrieff, J (2013)

Summary:

Leave 'unconventional medicine' , 'emerging treatments' , 'complementary medicine' alone and focus on the harmful drugs which do exist in society. young children are being given harmful prescribed anti psychotic drugs and this seems okay. Focus on synthetic chemical compounds which in most cases are prescribed psychotropics, make stronger regulations here, informed consent etc, Don't focus on what for has existed for centuries , natural therapies, which have served societies well and if it didn't we would be here today and whilst one can argue about 'modern medicine' and that we are a progressive as a society, and that the cures of today far outweigh the doctor of the 8th century and this is true in many regards but even today the cures of modern medicine and the course of many of the drugs helping people still come from natural plants and sources; unless the " 'unconventional medicine' or 'emerging treatments' or 'complementary medicine' comes under the banner of "██████ or ██████" and is called "██████" or "██████" then it is okay.

Leave 'unconventional medicine' , 'emerging treatments' , 'complementary medicine' alone.

Abdul Moos

From: judy morris
To: [medboardconsultation](#)
Subject: 'Complementary and Unconventional medicine and emerging treatments'
Date: Tuesday, 18 June 2019 6:43:02 PM

I only speak on behalf of myself, my son and numerous others who have benefited greatly from the services of those professionals who offer, provide and contribute their expertise, training and care from Complementary/Alternative treatments.

It would create a major uproar to all the people who have had significant improvements in their overall health following specialised treatments and ongoing care. Just because something isn't evidence based, doesn't mean in doesn't work. Many thousands will attest to this and we ask that you listen to them, even though they have not been heard.

This would significantly alter the opinions of these people, towards the government and lack of trust in the 'system' would ensue. It is only detrimental to everyone concerned to remove this type of care and there needs to be **alot** more open-mindedness and flexibility in the attitudes of people who make these decisions. Ultimately, our society is in need of an improvement in people's health and well-being and the reality is that there is a very sick world out there. These people have earned their degrees, done the hard work and are committed to people's OVERALL HEALTH by whichever means it can be delivered.

It can only benefit the individual who has had the one on one, personal experience with these qualified professionals, who at heart wish to see a healthier and more satisfied patient who they trust in and in return the government supports and trusts them.

PLEASE CONSIDER CAREFULLY ANY ONGOING DECISIONS that will have a long-term, major effect on ALL CONCERNED.

Regards

From: [REDACTED]
Sent: Tuesday, 7 May 2019 1:38 PM
To: medboardconsultation
Subject: Integrative Doctors

To Whom this may concern

We are emailing to express our 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 our illnesses, having seen no such success from our regular GP, I feel that this is an abhorrent limitation on our rights to seek the appropriate medical attention. To put these limitations in place is to not only deny our individual rights, but will also deny thousands of other patients rights to appropriate treatment and also to those professionals who have worked very hard to gain their accreditations in their respected field.

Our illnesses have been incorrectly treated by GP's most of our lives due to their limited appointment times and inability to look at the big picture. Finally, we have found someone who is looking at the big picture, not just prescribing us medications which in the long run have caused more problems, and in some cases quite serious ones.

We request you support Integrative Doctors with the knowledge they have and the work they do for us patients who have never found positive results elsewhere. They have a roll in our society and now that we have found our Integrative Doctor we would be devastated if we were not able to be treated by her.

Regards
Julie & Pat Morris

Kaye Morris

[REDACTED]

[REDACTED]

March 26th, 2019

To whom it may concern.....

I wish to make a submission regarding the proposed regulation of integrative doctors.

I vote for Option one, retaining the status quo.

My submission will explain why I do not wish to see any change in the regulation of doctors who choose to work holistically with their patients.

I choose to seek out a medical doctor (yes, a trained medical doctor), who is willing to work with me in retaining good health. I believe in the simple adage that prevention is better than cure, and also that it is my responsibility to look after my health !! I think it is common sense that our lifestyle choices have a lot to do with our health, or lack of, and therefore I am willing to explore and research ways to maintain, and to enhance my health.

And therefore I wish to work with a doctor who understands and shares my point of view. I understand this takes time and will therefore cost me more., but I believe that in the long run this will save me money. I believe therefore that a medical doctor can help me by any necessary testing, conventional or otherwise, and by providing help and support with a variety of complementary and alternative therapies, as well as with diet and nutritional supplements, as well as with conventional medical treatment, if necessary.

I believe that as a medical doctor, the integrative doctor I choose to work with will be bound by the ethics of our medical profession. I believe this is all the regulation that is necessary, and any more regulation that may be put on them which might restrict the help they can give their patients is most unnecessary, and dangerous to the rights of the patient.

I believe that any more regulation would be discriminatory to the many people who wish to have more control of their own health, and would just be WRONG !!!

Sincerely

Kaye Morris

Email

[REDACTED]

From: Linda Moullae [REDACTED]
Sent: Sunday, 30 June 2019 9:39 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

To whom it may concern

I choose Option 1...

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.

Regards

From: Wendy [REDACTED]
Sent: Wednesday, 26 June 2019 2:01 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments'.

Hi there,

I would like you to select option one of the proposal in front of the medical board regarding the complementary and unconventional medicine and emerging treatments. My reasons are below.

As a retired nurse, I feel that I have to say something here. Integrative medicine CAN work very well with the normal general practices of doctors in the "normal" field of medical practice. There are good and bad doctors in all fields and the natural therapies that are often prescribed by these natural health practitioners have better results than the pharmaceutical treatments offered by some doctors.

In saying that, their SHOULD be tighter controls on some of the practitioners who use dubious treatments, as in body enhancements and some plastic surgeons, to stop the gouging of funds from private citizens who basically firstly need psychological assessments before delving into these procedures.

Leave the naturopaths alone, and the herbal medicine and natural vitamin companies, they still give Australians the choice of treatment they need, the reputable ones work with the patient's physician in most cases, and now with the **MY health record**, they should be able to put their treatments on the record so that all can be observed.

Cheers Wendy Mullett

From: Tamara Murphy [REDACTED]
Sent: Thursday, 27 June 2019 9:45 AM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

I choose Option 1. (No new regulations required for doctors practising in the areas of complementary medicine and integrative medicine.)

Because:

- it will put less stress on our medicare system
- I found integrative health a way to treat my medical condition when conventional medicine fell short with answers and remedies.
- I think there are more than 1 one way to treat many problems, including diet and preventative care
- My doctor is aware of my full state of health and helps me stay healthy all the time (I don't only go to the doctor when I am sick - this way I can be proactive about my health).

I have concerns about the proposed regulations because I can't see a need to regulate complementary medicine/integrative medicine. These are safe practices and give patients options. The consultation process has not been transparent and this is not okay - not when it's about health and how we look after ourselves. This affects everyone now, and into the future.

Thank you.

From: Vicki Murray [REDACTED]
Sent: Sunday, 14 April 2019 6:35 AM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

To Whom it May Concern,

I am writing in regard the public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments. As an Australian I feel it important to note that I have the freedom of choice in the type of medical care that I use to address my ongoing health issues and that of my family.

I have been suffering from a broad range of conditions and conventional medicine was unsuccessful at treating me and has instances also delivered unwanted side effects. this also applies to my family.

It was only when I saw an integrated 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.

Regards
V Murray

From: Monika [REDACTED]
Sent: Wednesday, 10 April 2019 10:30 AM
To: medboardconsultation
Subject: Public consultation on common complementary 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
Monika Muston
10.04.2019

From: Jessica Nash [REDACTED]
Sent: Sunday, 30 June 2019 3:59 PM
To: medboardconsultation
Subject: Every Australian Should Have The Right To Choose Their Own Doctor....

I choose Option 1...

I have always followed the advice of my regular GP for my whole life, even when it's been to my detriment. However a few years ago when I consulted a local GP because I was feeling incredibly run down, and had a long list of physical symptoms, I paid close to \$90 for the privilege of 10 minutes of his time, where I told me I was 'simply tired like every other mum' and tried to prescribe me antidepressants. I declined, and instead sought an appointment with an integrative GP. She took 45 minutes to listen to my history, ordered a tonne of tests, and found I had a condition that can be managed with lifestyle changes and ongoing mineral and vitamin supplements. After following her protocol the change in me was indescribable.

Since then I have shared care, for anything intrinsically medical, we consult our GP, however if it's something we need to get to the root cause of and actually HEAL, we consult the integrative GP.

Please don't take away my families right to treat ourselves fully, without slapping bandaid cures on, like antidepressants would have been in my case.

It's obtuse to dismiss medicinal practices that have been working for thousands of years. Above all, these practices are safe! Surely these options should be exhausted before resorting to modern medicine? If anything the bottom line is the individual has the right to choose the type of treatment they wish to use, for any ailment. Please don't take away that choice.

Respectfully,

Jessica Nash

[REDACTED]

[REDACTED]

[REDACTED]

From: Lisha Nash [REDACTED]
Sent: Sunday, 30 June 2019 6:23 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

>
> I choose Option 1...
> 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 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.
>
> 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.

Lisha Nash

From: Ross Newbery [REDACTED]
Sent: Thursday, 27 June 2019 7:30 AM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments'

My concerns relating to the 'Consultation on complementary and unconventional medicine and emerging treatments' 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' 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: [REDACTED]
Sent: Monday, 29 April 2019 12:25 PM
To: medboardconsultation
Cc: Mike Newman
Subject: Public consultation on complementary and unconventional medicine and emerging treatments

Hi

I wish to propose ***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 have used both conventional and Integrative Doctors over the past decade or longer.

I have found that my Integrative Doctors:

1. Take more time with me to discuss and diagnose my health conditions.
2. Take into account the holistic elements relevant to my health conditions: emotional and mental health, relationships, nutrition, etc.
3. Provide me with effective treatments and health strategies that have improved my health. These have included changes in my diet, changes in my approach to dealing with stress, and the inclusion of vitamins, minerals and other supplements which I have found very beneficial.
4. Reduced my need for medications and medical procedures.

As a result of the contribution of my Integrative Doctors, my health has improved not just measurably, but also markedly.

I believe that Integrative Medicine not only has a lot to contribute to the overall health and wellbeing of Australians, but their approach has also saved the Australian taxpayer and Government significant amounts of money due to the reduced need for medication and reduction in medical procedures.

signed

Fiona J Newman

[REDACTED]

From: Jenni Newman [REDACTED]
Sent: Monday, 29 April 2019 11:54 AM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments

Hi

I wish to propose *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 have used both conventional and Integrative Doctors over the past decade or longer.

I have found that my Integrative Doctors:

1. Take more time with me to discuss and diagnose my health conditions.
2. Take into account the holistic elements relevant to my health conditions: emotional and mental health, relationships, nutrition, etc.
3. Provide me with effective treatments and health strategies that have improved my health. These have included changes in my diet, changes in my approach to dealing with stress, and the inclusion of vitamins, minerals and other supplements which I have found very beneficial.
4. Reduced my need for medications and medical procedures.

As a result of the contribution of my Integrative Doctors, my health has improved not just measurably, but also markedly.

I believe that Integrative Medicine not only has a lot to contribute to the overall health and wellbeing of Australians, but their approach has also saved the Australian taxpayer and Government significant amounts of money due to the reduced need for medication and reduction in medical procedures.

signed

Jenni Newman

[REDACTED]

From: Mike Newman [REDACTED]
Sent: Monday, 29 April 2019 11:35 AM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments

Hi

I wish to propose *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 have used both conventional and Integrative Doctors over the past decade or longer.

I have found that my Integrative Doctors:

1. Take more time with me to discuss and diagnose my health conditions.
2. Take into account the holistic elements relevant to my health conditions: emotional and mental health, relationships, nutrition, etc.
3. Provide me with effective treatments and health strategies that have improved my health. These have included changes in my diet, changes in my approach to dealing with stress, and the inclusion of vitamins, minerals and other supplements which I have found very beneficial.
4. Reduced my need for medications and medical procedures.

As a result of the contribution of my Integrative Doctors, my health has improved not just measurably, but also markedly.

I believe that Integrative Medicine not only has a lot to contribute to the overall health and wellbeing of Australians, but their approach has also saved the Australian taxpayer and Government significant amounts of money due to the reduced need for medication and reduction in medical procedures.

signed

Michael Newman
[REDACTED]

[REDACTED]

From: Ted Newton [REDACTED]
Sent: Thursday, 27 June 2019 3:47 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

To the Medical Board of Australia,

I object strongly to the proposal to include established complementary medicine treatments in a broad definitional category with untested and 'emerging' treatments, limiting practitioners' ability to provide advice outside the constraints of 'conventional' medicine and ultimately affecting my freedom of choice in decisions about my health.

Complementary medicine includes a broad range of products and types of treatments. Many are already regulated significantly by the Therapeutic Goods Administration (TGA). The fact that the efficacy of a treatment is supported only by anecdotal evidence does not mean it is not effective or shouldn't be tried. In many cases they work. They may work for some patients and not others. However, except in extreme cases, the worst outcome of taking a complementary product is that you will waste your money. Furthermore, who is to say that today's complementary or emerging treatment won't be tomorrow's mainstream treatment? Many of today's pharmaceutical drugs have their origins in traditional or indigenous treatments.

On the other hand 'conventional' medicine is 'pharmaceutical' medicine. It has its place and has been successful in the treatment of hitherto endemic and infectious diseases. However, pharmaceutical drugs are scheduled poisons which is why they are available only on prescription. Used as designed, they amount to a controlled administration of poison with the objective of treating symptoms without materially harming patients. However, one needs only to look at their listed side and long term effects to conclude that many prescribed drugs are not necessarily good for long term health. For example, *'There were 1,045 Australians aged 15-64 who died of an opioid overdose in 2016, according to a report released today by the National Drug and Alcohol Research Centre at UNSW Sydney. The majority of these deaths (76%) were attributable to pharmaceutical opioids.'* (Source: National Drug and Alcohol Research Centre, *Opioid-, amphetamine-, and cocaine-induced deaths in Australia: August 2018'*).

The worst outcomes of 'conventional medicine' can include misdiagnoses, botched surgeries, or over-prescription, costing more than money. Over-prescription of pharmaceutical drugs affects more than just the patient; it affects our planet and the wellbeing of humankind. For example, it was recently reported that *'Hundreds of sites in rivers around the world from the Thames to the Tigris are awash with dangerously high levels of antibiotics, the largest global study on the subject has found. Antibiotic pollution is one of the key routes by which bacteria are able develop resistance to the life-saving medicines, rendering them ineffective for human use'*. (Source: The Guardian, [https:// www.theguardian.com /society/2019/may/27/worlds-rivers-awash-with-dangerous-levels-of-antibiotics](https://www.theguardian.com/society/2019/may/27/worlds-rivers-awash-with-dangerous-levels-of-antibiotics)).

Any attempt to curtail the availability of professional advice on complementary treatments suits only the financial interests of multi-national pharmaceutical companies to the detriment of patients and integrative medicine practitioners. In other branches of science and innovation, we are encouraged to 'think outside the box'. By this proposal, it seems that medicine is headed in the opposite direction – to stay inside the 'conventional' box and not push its boundaries.

I have left my major point for last. My health philosophy is, and always has been, that there is only one person responsible for my health and decisions related thereto – and that is me. No doctor,

specialist, or anyone else. I have the right to make final decisions on my health treatments and that includes the option of doing nothing if I so decide. In arriving at my decisions, I take into account advice from both conventional and integrative disciplines but it remains just that – advice. It is my fundamental right to follow or not follow a particular piece of advice. It follows that I need to be able to freely discuss both conventional and complementary options with practitioners so that I can make an informed choice. The proposal to curtail the provision of professional advice on integrative medicine runs contrary to my right to choose.

My health philosophy has served me well. I am [REDACTED] years of age and I have never been in a hospital in my life.

Yours faithfully,
Ted Newton

From: [REDACTED]
Sent: Sunday, 24 March 2019 9:04 AM
To: medboardconsultation
Subject: 'Public consultation on complementary and unconventional medicine and emerging treatments'

You are crazy to do this. It is discriminatory and also against trade practices act as the conventional health system sees alternatives as competition.

I get a lot of alternate treatment and have seen many benefits from it that conventional medicine could not help me with.

They do no harm unlike pharmaceuticals which kill.

Do not do this

Sandra Northey

24 June 2019

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Executive Officer

Medical Board Consultation

medconsultations@ahpra.gov.au

**PUBLIC CONSULTATION ON COMPLEMENTARY AND UNCONVENTIONAL MEDICINES AND
EMERGING TREATMENTS**

Please find my submission plus appendix for your consideration for the review into Regulating the use of Complementary and Alternative Medicines by integrative Medical Practitioners and functional Medicine Practitioners.

If implemented the deregistration of Doctors using CAMS will significantly restrain the practice of integrative medicine and the use of complementary and alternative medicine as per the proposed Code of Practice.

I hereby give permission for this submission to be included on the AHPRA website.

Thank you for your attention to my submission.

Yours sincerely,

P Nottle

Holistic Nurse Complementary Therapist

Submission to AHPRA

Consultation on Complementary and Unconventional Medicines and Emerging Treatments.

A sincere thank you for the opportunity of giving feedback on the issues and options outlined in the discussion paper.

I agree there is a need to review the place Complementary Therapies and Natural Medicines have in the Australian system of health delivery. It is important that all practitioners work in accordance with Holistic Medical Practices.

Background

It is now recognised in Australia that the current Medical Model does not meet the needs of society in 2019. Medical Practitioners are realizing the need for the integration of Holistic Health Care into their medical practice and the Integration of Holistic Care Providers into medical delivery services at primary, secondary and tertiary level. Holistic Medical Care Providers have studied and obtained evidenced based qualifications in Complementary Therapies and Medicine and their contribution ought not be dismissed.

Introduction

In my submission I largely focus on the Complementary Therapies section of the discussion paper, however I will mention traditional Aboriginal bush medicine in support of natural medicines.

I am a Holistic Nurse having followed this as a pathway of study since 2001. I started my nursing training in 1965 in the Hospital Based Nursing Model. This was then a Modern Holistic Nursing Model.

In 2001 I followed a pathway to study Complementary Therapies through the scientifically validated modality of Therapeutic Touch – an Energy Based Modality. I studied other touch modalities - which were approved by Nurse Boards around Australia in 1995 for use in practice.

These Modalities were at that time: Therapeutic Touch, Healing Touch, Massage, Clinical Reflexology, Prayer, Meditation, Stress Management and Aromatherapy.

I joined the American Nurse Healers Association which merged with the Internationally Therapeutic Touch Association in 2004. I have practiced Therapeutic Touch in Remote, Rural Regional Hospital

and Tertiary Hospitals in palliative care, midwifery, neonatal and emergency care which includes pain management strategies. I have been very fortunate to be taught and worked with Traditional Aboriginal Healers, both as a Public Health Nurse in Yirrikala in Arnhem Land, as a 23 year old in 1972 and in the Kimberley and Pilbara Regions of Western Australia during my 51 years as a registered nurse. GP's have referred many patients to me as I understood the science of nursing and the interplay with Therapeutic Touch. Doctors are Healers too. I have been blessed to have worked with many Holistic Doctors during my career.

Healing v Curing

Healing and curing are inherently different. Curing is the 'elimination of all evidence of disease', whereas healing is about 'becoming whole' (Source: Rankin, L. (2011). The difference between Healing and Curing, *Psychology Today Australia*).

Some conditions can be cured, but many are more complex and can only be treated successfully if healing is at the core. Underlying physical, emotional, nutritional and life balance issues need to be acknowledged and dealt with. Often a cure is only lasting when deeper healing occurs.

This distinction between curing and healing must be understood and taught in the medical education system. If we are to help others overcome illness an approach that integrates healing and curing is vital.

Medical practitioners and nurses are healers. Healers though can possess a variety of backgrounds and tools. Mutual respect is required and a collaborative and integrative approach adopted, with the 'patient' as an active participant.

Dr Michael Lerner, from Harvard University, makes this distinction between curing and healing, as evident in his thirty years of working with cancer patients. He states:

"Curing is what a physician seeks to offer you. Healing, however, comes from within. It's what (the person) brings to the table. Healing can be described as a physical, emotional, mental and spiritual process of coming home. Healing is the most fundamental aspect of our condition, and it's a continuous rediscovery of what it means to be alive. It spills over into the rest of our life and guides us.....It is about living with the ongoing stresses and strains and difficulties -- and joys -- of life, but doing so in a way that we feel whole.' (Source: www.awakin.org/read/view.php?tid=1066). It is interesting that this realization came to Dr Lerner as he recovered from a heart attack. Personal experience and insight often enlightens.

Like western medicine, complementary therapies –energy based modalities, especially Therapeutic Touch, are not pseudo science. Extensive empirical evidence and research are available, thereby supporting the safe integration into medical practice. There is so much evidence available in nursing and medical Journals on the Complementary Therapies (see Complementary Therapies in Medicine published by Elsevier).

Many Doctors today realize there is far more to medical practice as they currently know than what they are taught in Medical Schools. They recognize benefits of integrating Holistic Healing Practices –Holism in its purest form energy based practices into their medical practice.

It is essential that GPs begin a conversation within the patient's treatment planning stage regarding Complementary therapies and Medicines and refers patients to a Holistic accredited Complementary Therapist / Medicine practitioner. A holistic approach is important if the relationship between Doctor and Patient is to be nurtured. Education for medical practitioners regarding complementary and alternative approaches is essential in the progression of Medical Practice.

It must be acknowledged that the World Health Organization recognizes the right to traditional, complementary and alternative health care. This is contained in the WHO Global Report on Traditional and Complementary Medicine 2019 that has just been released. (Source: <https://apps.who.int/iris/handle/10665/312342>)

Traditional Aboriginal Healing

Traditional Aboriginal Healers practice energy based medicine. It is noted that these practices have been endorsed in recent developments in work undertaken in the primary, secondary and tertiary levels. One such initiative is described below.

Developments relating to Aboriginal Traditional Healing in Australian healthcare

Eighteen registered Ngangkari Healers from the APY lands in Central Australia set up the Anangu Ngangkari Tiutaky Aboriginal Corporation (ANTAC) more than seven years ago. Chief executive Dr Francesca Panzironi heads a team visiting major hospitals and rural clinics in Victoria, New South

Wales, South Australia and Western Australia. Since 2018 they have been working in regional clinics across country SA and the Royal Adelaide Hospital. ANTAC's objective is to provide a platform for Aboriginal Healers to be recognised in the mainstream healthcare system as a form of complementary alternative medicine.

"The Healer identifies where the issues are and, through a specific method of healing, which is called Panpooni, they take away whether it's pain, a blockage, or some kind of obstruction, with their hands," Dr Panzironi said. (Source: <https://www.abc.net.au/news/2018-03-28/aboriginal-healers-complementary-medicine-finds-its-place/9586972>)

The Italian researcher Dr Francesca Panzironi was the impetus to this approach as she sought to bring Australia up to speed with Indigenous healing/medical practices found in other countries such as New Zealand and Canada. When she first came to Australia she was shocked to discover that these traditional practices remained largely ignored by the Australian government and health professionals.

Ngangkari are not looking to replace western medicine but rather complement the work of western doctors and bridge the gap of understanding of Indigenous patients and illnesses that are associated specifically to our lands. This is critical to close the gap in health outcomes for Aboriginal Australians. (Source: <https://www.welcometocountry.org/traditional-aboriginal-healers-australia-hospitals/>)

This initiative was also reported in the Australian Nursing and Midwifery Journal (May 2019). It is an important resource in the coordination of holistic care. A formal agreement established with the hospital goes a long way towards recognizing the role of Aboriginal Traditional Healing methods in Australian healthcare. (Source: <https://anmj.org.au/aboriginal-healers-treat-patients-in-sa-hospitals/>).

Massage v other Healing modalities

Massage therapy too is an energy based healing modality. Massage is included in complementary approaches. It is therefore interesting that massage be considered to be a legitimate tool in the health delivery service whereas other tools are not.

Also it is noted that physiotherapists are permitted to use touch in their practice whereas other health professionals using complementary therapies, such as nurses are permitted to use these in their daily nursing practice. Integrative and functional medical practitioners are now realising the

value of integrating touch in their medical practice through the use of Therapeutic Touch and other healing modalities.

The question arises as to the inconsistency of recognition in the practice of energy medicine. It is asserted that there is a bias towards physiotherapists of massage and massage to the detriment of other cultural healing practices and accredited modalities. Recognition of Traditional Aboriginal Healing practices is a great step in the right direction to close the gap, and in recognition of the benefits of cultural healing practices.

Now that bush medicines are being recognised, such as Maroon bush (*scaevola spinsecens*) by organisations such as the Cancer Council (onlinecommunity.cancercouncil.com.au), the legitimisation of complementary Aboriginal medicines can only pave the way for recognition of natural medicines and therapies.

Medical Board practices

The importance of the Medical Board's review of its own practices in pseudo science cannot be overemphasized. The Hippocratic Oath requires Medical Practitioners to 'do no harm'. There are two main disasters in the Australian history - 1950 – 1961, and from 1987 – current that demonstrate this is not always upheld. These two disasters are worth referencing in making this submission:

The Thalidomide Scandal

Thalidomide was given to pregnant women in the 1950s to 1961 to treat morning sickness, but was removed from sale in mid 1961 after it was found to be linked to birth defects. Withdrawal of the product occurred after manufacturers were aware of its devastating consequences (Source: Pearlman, J. (2015). Australian thalidomide firm knew drug was killing babies before product withdrawn, *The Telegraph*, May 26). The drug caused deaths and severe deformities of thousands of babies in Australia and overseas.

More than 100 victims in Australia and New Zealand settled with the British manufacturer, Distillers, for about 52 million pounds in 2013 (Source: Pearlman, 2015).

The Pelvic Mesh Disaster

The trial for this procedure was carried out in a secondary Hospital WA in 1989. The research underpinning the trial emanated from the 1987 Western Australian dog tests, leading to the development of the technology. (Source: McCarthy, J. (2017). Pelvic mesh devices hit by allegations of research fraud, experimental surgery on thousands of women, *The Sydney Morning Herald*, March 14.) The trial was not conducted through the National Health and Medical Research Council nor was there ethics approval given for the trial.

This medical disaster went on to ruin the lives of countless women around the world. It is estimated that global legal action, including in Australia, could reach \$20 billion and 'be one of the largest ever class actions undertaken' (Professor Christopher Maher, cited in McCarthy, 2017).

A Senate Inquiry into this matter heard from women throughout Australia with many experiencing injuries. One woman was awarded more than \$136,000 in the WA District Court in a 2004 civil case after evidence of severe and permanent injuries from pelvic mesh surgery were heard (Source: (2018).

Court action undertaken by 450 women has been brought against a pharmaceutical company and another 300 Australian women are registered for a class action case against the developer of the device used in their procedures (Source: McCarthy, 2017).

Evidence exists that the mesh used in Hernia repair operations in both male and female populations are causing many to suffer.

It is interesting that in both cases, i.e., The Thalidomide case and the Pelvic Mesh case, the concern was noted and raised by individual Nursing staff – firstly a midwife who worked at Crown Street Women's Hospital in Sydney, and in the second case, a RN working at a secondary hospital in 1989.

It is striking that the Medical Board of Australia question the scientific basis of complementary and alternative medicine and in particular energy medicine, given the total disregard for scientific method and evidence in these two cited disasters. A third growing area of evidence are the side effects from many prescribed pharmaceutical drugs that lead to devastating side effects for the patient, including addiction e.g., opioids and other debilitating side effects. In comparison complementary approaches do not include drug therapy.

The Power of Touch

There is a dearth of touch experienced by many in our society – people living alone, increased isolation, but particularly by the elderly especially those in residential care.

Attached to this submission is a presentation delivered to Alzheimer's WA regarding The Power of Touch in patients living with dementia. It can be summarised by the assertion of Dr Abraham Verghese that: "The most important innovation in medicine to come in the next ten years – the power of the human hand" referring to touch. (Dr Verghese is a Professor for the Theory and Practice of Medicine, Stanford University Medicine School.)

Conclusion

Science is validating the integration of Healing Modalities for patients health and well-being, thereby returning people to wholeness. This ought to be the aim of the medical service delivery system.

When one looks back at the civilizations of the ancient healing arts starting 60000 years ago through our Australian Aboriginal Traditional Healers and mirrored in other Civilizations from Ancient Egypt Ancient Greek, Ancient Rome, Minor Asia, the Mayas and Incas, The Christian Era via the laying on of hands, Buddhism and so on, there is one thing in common - 'The Constant flow of The Life Force'.

Albert Szent –Gyorgyi, a Hungarian American Physiologist who won the Nobel Prize in Physiology or Medicine in 1937 stated:

"In every culture and in every medical condition before ours, Healing was accomplished by moving Energy".

The Medical Board's decision to de register Doctors who practice energy body work must be overturned. This approach is not pseudo-science. I have read many academic papers and articles on Quantum Physics in the last 19 years in relation to healing, health and well being. The research indicates that Energy Medicine and hands on healing are a part of the future of medicine

It is critical that Doctors are not deregistered if they practice the Energy Based Healing Therapies of Laying on of Hands in the Practice of Complementary Therapies. These Complementary Therapies include Therapeutic Touch, massage, reflexology, prayer meditation, and stress management. If a Doctor has the relevant education and is an accredited practitioner she/he has the right to practice the Science and Art of Medicine in its various forms. This must be protected given the rights to

practice and the right to receive traditional, complementary and alternative health care as per the World Health Organisation. Any action in contravention of these rights is in breach of the World Health Organisations policies in health service provision. Please note Australia is a signatory to these provisions.

In conclusion, healing and the provision of Holistic care in Medicine is an essential part of Caring for a Patient.

Peta Nottle

Holistic Nurse Complementary Therapist

Attachment – Appendix 1

THE POWER OF TOUCH.

All care providers of older adults are challenged with adopting Person –Centred care to persons with Dementia and Alzheimer. Practises need to change in this new world of delivering care and it is imperative for the wellbeing of Dementia and Alzheimer's Persons to reduce the use of antipsychotic and opioid medications. To achieve this shift, providers must integrate non –pharmacological approaches to meet the physical mental emotional and spiritual needs of those in their care with dementia and Alzheimer's

Complementary Therapies assist providers in achieving these goals. There is a plethora of evidence available supporting the use of complementary therapies as a means to reduce behavioural, psychological, emotional, spiritual, and physical symptoms of dementia, and create positive engagement for persons afflicted, staff and family caregivers.

The NEED for Touch

To quote from Dawn Lehman PhD "A changing population requires a change in "**care**"

What is Care?

Caring. While empathy enables health care professionals to perceive a person's distress, sharing the feeling motivates them to initiate activity. The result of both is caring that is shaped by the identified characteristics of the individual suffering.

The greater the person's vulnerability in both Dementia and Alzheimer's, the greater the responsibility of caring.

Caring is not a nicety added to technical skills or ADL's responsibilities like showering etc. Caring is a perspective that grows out of an understanding of and respect of how a person living with dementia and Alzheimer's experiences life and illness.

Caring is a moral imperative that is the core of professional practice. It begins with, may be observed in a variety of sensitive and attentive actions. And is best validated by the person's human reaction.

Caring has become devalued.

Although caring for the vulnerable and people afflicted by conditions such as dementia and Alzheimer's has ancient and honourable roots, the value of caring has been depreciated in Modern Care Delivery, both in Aged Care and Health Care. Centuries ago Asclepius and his physician sons administered even to the outcasts who suffered: Thus Homer regarded them as heroes rather than as mere craftsmen (Bailey 1996). In caring for those who were otherwise rejected however these healers risked the wrath of the God Zeus, by threatening his power to visit suffering on errant humans. Thus unselfish and even self-sacrificial caring was established as a virtue of the ideal physician. In the West, the attribute of compassion was reinforced by Judeo-Christian teachings and by the philosophy of humanism, and it was incorporated as a value in medicine and other health professions.

With the advent of scientific approaches to disease, however many clinicians discovered by aligning with science based curing and treating furnished status reward and power. Thus claiming compassionate caregiving as a major component of clinical practice has become less valued. Today caring as such is not a reimbursable activity; therefore it is often both invisible and unrewarded in the Industry today. Many aged care organizations are leading the way back to compassionate care, and Alzheimer's WA are leading the way, evidenced by inviting Complementary Therapists here today to present to you, and demonstrate techniques that will assist you in your work as caregivers.

Given the changes in health and aged care delivery, consistent caring is increasingly difficult to sustain, even with a philosophical or religious commitment to it. This virtue may be overwhelmed by the financial realities of the institutional budgets and the pervasive philosophy and methods attendant to defining Aged Care as a business. Institutional support for caring for suffering has too often been sacrificed to matters of efficiency and organizational profitability.

In attention to the suffering of a person with dementia or Alzheimer's (be it Physical Emotional Mental or Spiritual) who is the client does not vanquish suffering; rather it exacerbates the distress of the person.

Reference (Chapter 5 "Suffering and Illness –Insights for Caregivers")

-Fay Carroll

Today in 2016, Cultural Change and person –centred dementia care are calling on service providers to equip care givers with practical tools that create positive outcomes for persons with dementia and their families, staff and community.

Initiatives such as introducing The Power of Touch to persons with dementia strive to:

Reduce unnecessary use of antipsychotic drugs and painkiller medications by replacing (or supplementing them) with non-pharmacological approaches and strategies.

Empower staff to foster care-partner relationships.

Assess dementia person's and family experiences, and use that information to improve care.

The Complementary therapies of Healing, Therapeutic Touch, Reflexology, Massage Prayer and Meditation, Music Therapy are evidence based practises, relationship centred, proactive and importantly, a cost effective method approach combining a skilled Touch with compassionate presence. Complementary Therapies are tools that can help establish holistic dementia care while meeting regulatory requirements.

Complementary Therapies brings together the world of medical technology with the human side of caring.

Just briefly before we demonstrate Touch techniques from 2 Complementary Therapies- both Reflexology and Therapeutic Touch, I want to just highlight the importance of touch and older adults.

Touch and the Older Adult

Touch deprivation in old age is **REAL**, especially for the medically frail elder as is with persons with dementia and Alzheimer's, this leads to feelings of isolation, anxiety, poor trust in caregivers, insecurity and decreased sensory awareness.

Older adults living with serious conditions especially dementia and Alzheimer's are often receptive to touch. Sadly they are the least likely to receive expressive human touch from caregivers and health care providers. Nursing students have been shown to experience anxiety about touching older patients.

Elders' report that "touch conveys fondness, security, closeness, warmth, and encouragement and makes them feel an increased sense of trust and wellbeing."

Much can be said about the science of touch. A statement has been made by a Dr Abraham Verghese. This statement was music to my ears and it is as follows:

"The most important innovation in medicine to come in the next ten years

THE POWER OF THE HUMAN HAND"

I will not be discussing the science of Touch today. However The Study of the Ancient Healing Arts will lead you on a journey that is beyond our human understanding.

Peta Nottle

Complementary Therapies, Registered Nurse.

From: Amy Nuttall [REDACTED]
Sent: Tuesday, 25 June 2019 10:54 AM
To: medboardconsultation
Subject: My choice

To whom it may concern,

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.
- Conventional medicine do not take diet or lifestyle into consideration, they have no nutritional training what so ever and think that a good diet consist of the food pyramid from the 1920s. They have no interest in learning about updated research into what actually helps their patients, instead just shovelling pharmaceutical drugs into them.
- Conventional medicines protocol into treating ANY problem that a woman has is to pump her with hormones, whether it be HRT or OCP – this is the conventional medicines answer to any female problem that arises. Then when a woman has been on HRT for 20 years she is told she can't take them anymore and is left to go through menopause in her 80s.....

Your proposed guidelines are ridiculous and I am against them.

Kind Regards,

Amy Nuttall

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: debra o'connell [REDACTED]
Sent: Monday, 25 March 2019 7:54 PM
To: medboardconsultation

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.

I cannot thank my 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 Lyme Disease, but to other chronic and disabling illnesses also. 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 used Complementary, Unconventional and Emerging Medicine and I highly value its availability and I am very happy with its practice. My treating doctor 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.

The suggestion of strengthened guidelines is far too controlled, an attack on my human right to seek any treatment I choose (which has worked). 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 I should be able to attain the treatment of my choice, here at home.

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 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

NAME: Debra O'Connell
DATE : 25.03.2019

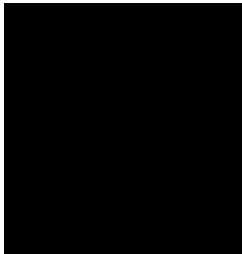
From: Jacinta O'Connor
To: [medboardconsultation](#)
Subject: Consultation on complementary and unconventional medicine and emerging treatments"
Date: Thursday, 4 April 2019 1:13:43 PM

Hello,

I wish to make comment in regard to the consultation on complementary and unconventional medicine and emerging treatments. My 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' 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

Your sincerely



Jacinta O'Connor
Nutritionist, Naturopath,
Certified GAPs Practitioner - MINDD Practitioner



From: Elise Okunew [REDACTED]
Sent: Sunday, 30 June 2019 11:43 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

To whom it may concern,

I choose Option 1...I have chosen to see integrative dr's to get a more thorough opinion and consultation regarding medical issues for me and my family. I strongly believe that consumers should be able to choose and pay for a medical dr who can spend the time and look at the whole picture regarding illness. I am happy with my GP for simple and brief consultations, but if i want to go further with prevention and a deeper understanding of complex medical conditions i have found integrative medicine doctors provide the time and knowledge and the willingness to research. I have also found that regular GP's are interested in treatment but not particularly interested in talking about prevention. The modern gp in a medical practice just doesn't have time to spend with patients with complicated medical needs and it's of great concern that integrative medicine may be an option that is taken away. It has helped my family greatly to discuss and look at ways of supporting mainstream medicine and I have found integrative medicine has been way more up to date with medical research and new scientific alternatives or evidence based treatment than regular gp's and I think the health care system needs this alternative to save much money in the long run. As consumers I feel we should have choice in our medical doctors and this includes choosing a doctor who you can discuss complimentary medicine with. People will still use complimentary medicine they just won't tell there normal GP so as not to be judged. At least with a integrative dr you can have these conversations and be truthful and as we have seen with some complimentary medicines it turns out they do have a evidence based effect so having dr's who know what may or may not work based on research and experience means that you can have open discussions which is really important from a consumer

perspective. The other thing I have loved about intergrative dr is the

research factor of coming back to you. GP's seem to need to wrap up a

consult with an on the spot answer. The intergrative dr's seem to

research and come back. They look at the individual and prescribe accordingly and also look at other treatments that may help as well. It seems a much more learned approach.

I have grave concerns about the proposed regulations. I feel it is unnecessary to regulate GP's who are practicing Intergrative medicine.

They are trained GP's after all. What they are doing is practicing normal medicine with additional support. It's practicing a higher quality of medicine with the understanding that there is more to

health & medicine than just prescribing drugs and a willingness to look further into current research and to provide time and discussion and to allow you to feel heard and to explain and research the overall picture. Please

don't take this option away. It has been such a wonderful choice for complex medical conditions. I think intergrative doctors represent the best modern medicine has to offer in their open minded approach to practicing medicine.

Kind regards
Elise Okunew

Robert Oliver BE PhD MBA

E: [REDACTED]

30 June 2019

Dr Anne Tonkin

Chair

Medical Board of Australia

GPO Box 9958

Melbourne VIC 3001

Consultation on complementary and unconventional medicine and emerging treatments

Dear Dr Tonkin,

Thank you for the opportunity to make a submission to the Medical Board of Australia during the public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments. My submission is attached below.

Yours sincerely,

R I Oliver.

1. Introduction

In February 2019, the Medical Board of Australia (**MBA**) published a Public Consultation Paper (**PCP**) seeking “feedback on options for clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments.”^{1(p1)}

The PCP presented two mutually exclusive options, with the MBA’s preferred option being based upon stakeholders suggesting that “additional guidance” is necessary for “safe practice” and “safeguards for patients.”^{1(p2)} This submission examines the functions of the Medical Board of Australia, their existing guidelines, the proposed new definitions and the questions from the Public Consultation Paper. This submission will argue that Option 1, the existing unaltered regulatory ecosystem is all that is necessary, and is sufficient, to address the issues raised by the stakeholders referred to in the PCP, and to both secure and continuously improve, safe practice and patient and public safety.

2. Medical Board of Australia: Functions and Guidelines

The Medical Board of Australia performs two primary functions²: determining who belongs to the medical profession, and guiding the conduct of those who belong to the medical profession. A corollary of the first is a function to accredit the modes and content of study granting entry to, and continued practice in the medical profession. What the MBA does not do is regulate how those who are **not** medical professionals conduct their activities, except to the extent that they must in no way utilize titles or terms that misrepresent to the public any “medical professional” status. Also, it does not hold the business structure, organizational structure, or commercial arrangements of a medical business to be entry requirements to the “medical profession.” Those entry requirements are strictly accredited knowledge and skill. Professional competence is recognized through experience, but it is not an entry requirement per se, although incompetence may be grounds for an appearance before the MBA.

The proposed new definition, options and contents of the PCP will be assessed by these two criteria: 1) Who belongs to the medical profession, and 2) how must those who do belong conduct themselves.

2.1. Existing Guidelines and Entry to the Profession

The PCP quoted S39 of the National Law, which grants National Boards (of which the MBA is one) the power to “develop and approve guidelines to provide [such] guidance,” where this is relevant to the National Board’s functions. Of particular relevance to this issue is that the MBA has already exercised this power in publishing “*Good Medical Practice: A Code of Conduct for Doctors In Australia*.”³ At paragraph 2.2, these guidelines outline the need for a “high level of medical competence and professional conduct”, “recognizing ... limits of ... competence and scope of practice”, “adequate knowledge and skills to provide safe clinical care”, and “providing treatment options based upon the best available information.” That is to say that those who do belong to the medical profession already have guidance from the MBA on how to conduct themselves, and in particular, how to conduct themselves for both safe practice and patient safety.

So, let’s look briefly at the entry requirements for medical practitioners. Within the regulatory ecosystem of the medical profession, the standards for accreditation of Primary Medical Programs are set by the Australian Medical Council (**AMC**). In addition to referencing the MBA’s “*Good Medical Practice*”, these standards state that “improving the quality and safety of health care” is a quality required of an accredited medical practitioner upon entry.⁴ Item 3.6 Therefore, safe clinical care, and ongoing improvement of safe health care, is already included within the existing guidelines as a function of applied knowledge and skill, which are themselves already subject to accreditation. Without the need for amendment of the guidelines, then, safety is already an entry requirement into the medical profession, as is the capacity to continuously improve safety.

Later in this submission, the following further expectations of medical professionals entering practice will play a role. Medical professionals are expected, as a requirement of entry, to:

- “access, critically appraise, interpret, and apply **evidence** from the medical and scientific literature”⁴ Item 1.4,
- “demonstrate a commitment to ...**evidence based practice**”⁴ Item 1.6,
- “make clinical judgements and decisions based on the available **evidence**”⁴ Item 2.7,
- “communicate effectively in **wider roles** including health advocacy, teaching, assessing and appraising”⁴ Item 3.3,

- “**respect the roles and expertise** of other health care professionals”⁴ Item 4.8, and
- “demonstrate awareness of financial and other **conflicts of interest**.”⁴ Item 4.10

2.2. Development of Professional Competence

High esteem for doctors and recognized medical practitioners manifests in high expectations of safe care⁵. In order to maintain this trust, the Medical Board of Australia has already established ongoing professional development for medical professionals that focus on patient safety and safe practice. Pillars 2 and 5 of the Professional Performance Framework provide the detail that integrates these requirements⁵. Therefore, not only is safe clinical care, safe practice, and patient safety an entry requirement for the medical profession, it is also an ongoing competence and professional conduct requirement for the medical profession.

This submission therefore states categorically that the two grounds provided by the stakeholders referred to in the PCP for “additional guidelines” are already met within the existing functions of the MBA, its existing guidelines and its existing Professional Performance Framework. Furthermore, they are also met through the existing accreditation of the broader regulatory ecosystem of the medical profession.

3. Areas of Concern

The areas of concern listed in the PCP are quite extensive^{1(pp6-8)}. They range from marketing messages (“false hope”), alternative medicines, alternative therapies, lack of communication between practitioners, unknown safety and efficacy of treatments, varying qualifications and expertise of practitioners, and non-specialist practitioners, research and commercial conflicts of interest. The definition of harm extends from physical harm to psychological and financial harm.

While many areas of concern are listed, there seems in the PCP to be a narrow list of practices that are associated with ‘integrative medicine’. As one who is a patient of an integrative doctor, the practices that I am familiar with are far more extensive, and are favourably recognised in regular (“conventional”) general practice. For example, Murtagh’s “*General Practice*” identifies the following recommendations, treatments, contributing

factors or underlying causes that are recognised in both ‘integrative medicine’ and general practice:

- Exercise has been proven to decrease depression and anxiety,^{6(p981)}
- Stress reduction therapy,^{6(p981)}
- Vitamins and minerals (recognising a varying evidence base from nil, or negative, to weak and moderate for others), although Vitamin B6 is more broadly recognised,^{6(p981)}
- Gluten free diet,^{6(p1125)}
- Zinc deficiency,^{6(p1142)} and
- Food allergies and intolerances^{6(p1224)}.

This lack of recognition by the stakeholders referred to in the PCP that conventional practice and integrative practice have much in common is a significant failure of logic in the argument of the PCP. Furthermore, the PCP closely associates mention of The Australian Integrative Medicine Association (**AIMA**)^{1(p6)} and ‘integrative medicine’ with subsequent references to the practice of offering alternative treatments or medicines for cancer^{1(p8)} and the RACGP’s prohibition on homeopathy^{1(p15)}. The PCP in this regard fails to respectfully represent AIMA and ‘integrative medicine’ practitioners. Integrative medicine practitioners are fully qualified and accredited under the existing regulatory ecosystem, and have undertaken further education and research to address matters their clinical assessment has indicated will serve their clients and patients safely.

As we saw earlier, all recognised and accredited medical practitioners are required to demonstrate good judgement in the use of medical and scientific evidence. The short descriptions in the PCP of the positions of the Australian Medical Association (**AMA**) and the Clinical Oncology Society of Australia (**COSA**) in regard to complementary medicine places a high value on evidence^{1(p15)}. The Royal Australian College of General Practitioners (**RACGP**) also accepts that “best available evidence” is central to contemporary general practice⁷ and accepts that this comes in a variety of forms, from meta analyses, controlled trials, cohort studies, case control studies, case reports, expert opinion, and reasoning⁸. In a more detailed statement, RACGP defines Evidence Based Medicine (**EBM**): “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of

individual patients.”⁹ RACGP goes on to qualify the use of EBM, highlighting that current research information must be actively sought out, moderated by critical appraisal skills of the clinical practitioner, advocating for critical thinking to be included in continuing education, and concluding that EBM is not a tool for creating a “cookbook” of interventions⁹. While less well developed, this high value placed upon research evidence is central to AIMA’s own description¹⁰ of its approach and the approach of integrative medical practitioners. A more specific statement of particular types of evidence is provided in the Australasian College of Nutritional and Environmental Medicine (**ACNEM**), which highlights the “latest biomedical and genetic science and research.”¹¹

Given the wide range of evidence that it is possible to include within the scope of EBM, and the wide range of practitioner clinical expertise through which to “critically assess” the latest available research, this submission urges the MBA to reconsider the narrow representations made by the PCP’s stakeholders concerning AIMA and integrative medicine practitioners which has narrowly associated such practitioners only with the failures of poor practice. Their expertise and their access to evidence and sources may be different, but their professionalism and their attitude towards safe practice and patient safety should not be lightly questioned.

That brings us to the issue of the proposed definition.

4. Consequences of a Definition

The PCP offers a definition:

Complementary and unconventional medicine and emerging treatments include any assessment, diagnostic technique or procedure, diagnosis, practice, medicine, therapy or treatment that is not usually considered to be part of conventional medicine, whether used in addition to, or instead of, conventional medicine. This includes unconventional use of approved medical devices and therapies.

This definition, by its very logic, includes everything that is **not** conventional, yet without defining precisely what **is** conventional medicine. Unfortunately, it does so without reference to peers in professional practice; it does so without reference to future developments; it does so without reference to the pipeline by which current or recent research is transformed into the practice of the medical ecosystem. By very definition it

creates a completely inflexible medical system incapable of responding to research and developments at all. By definition it will mire the medical profession in the unshakeable shackles of tradition.

This definition also expands upon the current entry criteria from currently accredited modes of knowledge and skill acquisition. In doing so, it makes no recognition of the need for ongoing professional development, pursued by a practitioner for the purpose of better serving their patients and clients. The very existence of continuing professional development requirements, both in the areas of knowledge and skills, is tacit acknowledgement that the profession must remain open to developments which will manifest themselves in enhanced competence of the medical professional, in safer practice, and in enhanced patient safety.

However, the inclusion of the footnoted definition of “practice” does something very different that is of considerable importance.

***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 extends the scope of the guidance beyond the practice of medicine into the business and commercial structure of a medical practice, and beyond that into legal and ethical extra-curricular activities of medical practitioners. By doing so, it alters the function of the definition. This part of the definition functions as an expansion from knowledge and skill-based entry criteria, and from competence based professional development, into a set of exclusionary criteria based upon business structure, commercial structure, organizational structure, or legal and ethical external activities. Furthermore, it specifically repudiates the accreditation expectations that medical professionals will take on wider extra-curricular roles in the community, and be aware of financial and ethical conflicts of interest.

This submission argues that PCP has proposed an arbitrary shift in the regulatory ecosystem for a poorly defined subset of medical professionals. This is both a denial of procedural

fairness, and sets a dangerous precedent that denies peace of mind and certainty of continuity of trade to all accredited medical professionals. An arbitrary allocation of medical professionals to one regulatory tier or the other will cause a complete separation within the continuing education framework, stagnating conventional medicine, and unfairly impugning the reputation of those who pursue unconventional research and evidence. The proposed definition will also grant arbitrary power to the MBA to relegate to a second regulatory tier medical professionals engaged in permitted, and indeed expected public advocacy roles, purely on the basis of ill-defined conventional or unconventional advocacy.

No additional guidelines developed on the basis of such an altered function of the MBA can occur within the scope of the existing functions of the Board. The existing unaltered regulatory ecosystem is all that is necessary, and is sufficient, to both secure and continuously improve, safe practice and patient and public safety.

5. Response to specific Questions

5.1. Question 1: Proposed Definition (1 of 2)

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?

The proposed term fails to recognise the extent of overlap between recognised conventional general practice and integrative medical practices which may incorporate some, but not all, complementary, unconventional or emerging treatments. Furthermore, the proposed definition misrepresents the professionalism of members duly accredited under the guidelines of the MBA who do practice evidence-based medicine incorporating one or more elements of complementary, unconventional medicine or emerging treatments.

5.2. Question 2: Proposed Definition (2 of 2)

Do you agree with the proposed definition of complementary and unconventional medicine and emerging treatments – ‘any assessment, diagnostic technique or procedure, diagnosis, practice,4 medicine, therapy or treatment that is not usually considered to be part of conventional

medicine, whether used in addition to, or instead of, conventional medicine. This includes unconventional use of approved medical devices and therapies.’ If not, how should it be defined?

The proposed definition also alters the function of the MBA beyond its stated scope by attempting to expand entry accreditation from a knowledge, skill and competence base to include business structure, organizational structure, and commercial relationships (through the footnote to the term “practice”), and repudiating the accreditation expectation of wider roles in the broader community. The relevant criteria always must be the critical clinical assessment of relevant and available evidence.

5.3. Question 3

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

Complementary and unconventional medicine and emerging treatments are not a monolithic specialty that is unique in its capacity to cause the issues identified. The existing guidelines were put in place because similar issues arise across the medical ecosystem.

5.4. Question 4

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

Not applicable.

5.5. Question 5

Are safeguards needed for patients who seek ‘complementary and unconventional medicine and emerging treatments’?

Such safeguards as are necessary are already established through the accreditation of entrants to the profession, the continuing professional development of medical practitioners, and through the existing guidelines of the entire medical practice ecosystem.

5.6. Question 6

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

This submission recommends the MBA consult more widely with members, including AIMA and ACNEM members.

5.7. Optional Question 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?

This submission advocates the view that Option 1, being the current regulatory ecosystem (which includes the MBA's "Good Medical Practice" and continuing professional development framework, along with the AMC Accreditation Standards) is the only necessary and sufficient response to the issues that have been raised. The MBA has already published lists of practitioners who have legitimately entered the profession, and has established guidelines for their continued good standing in the medical profession. These lists and guidelines are already available in the public domain and can be used to inform the general public of what they can expect from the medical practitioners in their ecosystem. While the MBA cannot regulate those who are not members, they can be vigilant in highlighting the boundary and areas where non-members might cross the boundary in any public statements.

5.8. Optional Question 8

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

This submission has argued the case that Option 2 is not necessary to address the issues raised by the PCP.

5.9. Optional Question 9

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

This submission has argued the case that the draft guidelines are not necessary to address the issues raised by the PCP and should therefore be abandoned in their entirety.

5.10. Optional Question 10

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

This submission has argued the case that the issues raised by the PCP are already adequately addressed by the existing regulatory ecosystem.

5.11. Optional Question 11

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

This submission has argued the case that Option 1, the existing regulatory ecosystem, is both necessary and sufficient to address the issues raised by the PCP.

6. Conclusion

Thank you for the opportunity to present this submission to the Medical Board of Australia in response to the Public Consultation Paper. The PCP presented two mutually exclusive options, with the MBA's preferred option being based upon stakeholders suggesting that "additional guidance" is necessary for "safe practice" and "safeguards for patients." This submission has examined the functions of the Medical Board of Australia, their existing guidelines, the proposed new definitions and the questions from the Public Consultation Paper. This submission has argued that Option 1, the existing unaltered regulatory ecosystem is all that is necessary, and is sufficient, to address the issues raised by the stakeholders referred to in the PCP, and to both secure and continuously improve, safe practice and patient and public safety.

References

1. Medical Board of Australia. *Public Consultation Paper*. Melbourne: Medical Board of Australia; 2019.
<https://www.medicalboard.gov.au/documents/default.aspx?record=WD19%2f27929&dbid=AP&chksum=4BA8Vsiz0Pdd6%2fHOcv9NdQ%3d%3d>.
2. Medical Board of Australia. About. Medical Board of Australia.
<https://www.medicalboard.gov.au/About.aspx>. Published October 5, 2018. Accessed June 28, 2019.
3. Medical Board of Australia. Good medical practice: a code of conduct for doctors in Australia. Medical Board of Australia. <https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx>. Published March 28, 2017. Accessed June 28, 2019.
4. AMC. Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012. 2012. https://www.amc.org.au/wp-content/uploads/accreditation_recognition/primary-medical-education/Standards-for-Assessment-and-Accreditation-of-Primary-Medical-Programs-by-the-Australian-Medical-Council-2012.pdf. Accessed June 28, 2019.
5. Medical Board of Australia. Professional Performance Framework. Medical Board of Australia. <https://www.medicalboard.gov.au/Registration/Professional-Performance-Framework.aspx>. Published April 26, 2018. Accessed June 28, 2019.
6. Murtagh J, Rosenblatt DJ. *John Murtagh's General Practice*. 5th ed. McGraw-Hill Education; 2011.
7. Margolis SA. Evidence-based medicine. *Aust J Gen Pract*. 2018;47(6).
<https://www1.racgp.org.au/ajgp/2018/june/evidence-based-medicine>. Accessed June 28, 2019.
8. van Driel M, Spurling G. Guidelines and systematic reviews: Sizing up guidelines in general practice. *Aust Fam Physician*. 2017;46:438-440.
<http://www.racgp.org.au/afp/2017/june/guideline-and-systematic-reviews-sizing-up-guidelines-in-general-practice/>.
9. RACGP. Evidence Based Medicine. April 2001.
https://www.racgp.org.au/download/documents/Policies/Health%20systems/evidence_based_medicine.pdf. Accessed June 28, 2019.
10. Australasian Integrative Medicine Association. What is Integrative Medicine. AIMA.
<https://www.aima.net.au/what-is-integrative-medicine/>. Published 2018. Accessed June 28, 2019.

11. ACNEM. What is Nutritional and Environmental Medicine? Australasian College of Nutritional and Environmental Medicine. <https://www.acnem.org/what-nutritional-and-environmental-medicine>. Published September 18, 2013. Accessed June 28, 2019.

From: Katrina O'Neill [REDACTED]
Sent: Thursday, 27 June 2019 4:44 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

> To whom it may concern,

> 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 and 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 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.

Yours sincerely,

Katrina O'Neill

From: jillian orford
To: [medboardconsultation](#)
Subject: Public consultation on complementary and unconventional medicine and emerging treatments
Date: Monday, 29 April 2019 11:35:31 PM
Attachments: [REDACTED]

Title suggestion: Complimentary and emerging treatments preceding evidence based validation



JILLIAN ORFORD
MBBS PHD FRACS
PAEDIATRIC SURGEON

[REDACTED]

[REDACTED]

From: Peter O'Shannessy [REDACTED]
Sent: Thursday, 4 April 2019 5:55 AM
To: medboardconsultation
Subject: Changes to complimentary services protest

I wish to voice my opposition to the changes to doctors offering complimentary services and separating them from doctors who offer conventional services because conventional services is always changing and does not encompass all healing. This would not allow for change for the better.

We have been led to believe that our current conventional medical practitioners offer the best advice and practices available which is clearly not the case. It is becoming a controlled arm of multinational super businesses who have infiltrated government advisory bodies to the detriment of the population. It is probably the conventional medical system that needs more control, not the 'unconventional' practices.

Regards,

Peter O'Shannessy
[REDACTED]

From: [REDACTED]
To: [medboardconsultation](#)
Subject: Registration of Complimentary Medicine Practitioners
Date: Tuesday, 7 May 2019 9:36:06 AM

Dear AHPRA, as a conventionally trained medical practitioner, my strong opinion is that Registration should be limited to evidence-based therapies and practitioners only, as judged by independent and impartial experts. Yours Sincerely. C B O'Sullivan. MB. BS.

From: Rachel A Pace [REDACTED]
Sent: Saturday, 23 March 2019 9:21 PM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments

Hi

I am writing as I am opposed to the proposed changes that will restrict doctors to practice integrative medicine. People should not be pushed into only having allopathic medicine, there are various peer reviewed studies which show how effective integrative medicine is.

Thanks
Rachel

--

Rachel A Pace

M: [REDACTED]
E: [REDACTED]

From: Aisling Pagliaccio [REDACTED]
Sent: Thursday, 27 June 2019 11:40 AM
To: medboardconsultation
Subject: Fwd: Consultation on complementary and unconventional medicine and emerging treatments

Subject: Consultation on complementary and unconventional medicine and emerging treatments

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.

--

Kind Regards
Aisling Pagliaccio
(m) [REDACTED]

From: Bryan Palmer
To: [medboardconsultation](#)
Subject: 'Public consultation on complementary and unconventional medicine and emerging treatments'
Date: Monday, 13 May 2019 12:28:41 PM

Dear Sir or Madam,

I strongly support Option 2 as recommended by the Medical Board.

Yours faithfully,

Dr Bryan Palmer

A solid black rectangular box used to redact the signature of Dr. Bryan Palmer.

From: Heidi [REDACTED]
Sent: Thursday, 11 April 2019 7:56 AM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

Dear Sirs

I am writing to state my disapproval of the uninformed, intended restrictions of integrative medicine in Australia.

The integrated model is client centred and allows choice of therapies based on individual needs, be they pharmaceutical, complimentary or energetic. Any move to restrict choice is simply motivated by a grab for power and attempt to channel funds. One can only assume there are pharmaceutical pressures behind such a move.

The Australian Public who use a range of modalities see through these manoeuvres.

Regulators might keep in mind that their role is to serve this public, not to mandate as though managing a penal colony.

Regards

Heidi

From: Barbara Panitz
To: [medboardconsultation](#)
Subject: Medical board consultation reply.
Date: Wednesday, 26 June 2019 12:36:09 PM

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 I do not agree with the proposed term. These three words do not describe a single type of practice.

The term "falling outside of the Australian Code of Good Medical Practice" should be the term used to describe the entity, It should be defined as "that practice which falls outside the code of good medical conduct".

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 do not agree with this proposed definition. This definition seems to define conventional medicine as being the only type of medicine which falls under the banner of "good medical practice". I would prefer that the current definition follows the AMA's Code of good medical practice which defines the professional, ethical, and legal framework for doctors to work under in an Australian environment.

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, the issues described were specific examples. I understand that the nature of the issue is around Good Medical Conduct, which is indeed a area of concern for all Australians, and is not limited to doctors who provide 'complimentary and unconventional medicine and emerging treatments'.

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?

Yes, my concern is that evidence-based non-pharmacological approaches to chronic disease is not appropriately resourced or remunerated, to the detriment of the Medical workforce and to the health of patients in Australia. "Conventional" medicine is heavily biased towards surgical and pharmacological approaches, which is a wasteful approach given the capacity for early intervention with "complimentary" therapies to lower the burden of disease, thereby reducing the overall costs to society.

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

Of course, just as safeguards are needed for all of Medical care, as described under the safe code of conduct. There is no need for different codes of conduct for different specialties.

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

The board should look across outcomes for all of medicine, not just what it has defined as 'complimentary and unconventional medicine and emerging treatments', for evidence of poor medical care under the current code of conduct. There are many areas of care, such as

clinical handover/discharge summary, which are associated with poor outcomes.

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?

The board's good medical practice is adequate for all doctors and patients, there is no need to have specialty specific code of conduct.

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

No. One set of guidelines for all doctors is required.

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?

The board should pursue constructive dialogue with AIMA , AMA, ACNEM, RACGP, ACCRM and other specialist colleges in setting up an equitable draft guidelines for all doctors in Australia.

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

Seek public consultation as to why patients approach "complimentary and unconventional" practitioners, instead of "conventional" practitioners. What need is it that is not being met by the current medical model in Australia?

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?

Option one-retain the status quo.

Dr Barbara Panitz

Rural Procedural General Practitioner

MBBS (Qld), FRACGP, DRANZCOG (Advanced), FARGP.

[REDACTED]

Mrs Barbara Wild

Wife and mother.

[REDACTED]

From: Steven Pappas [REDACTED]
Sent: Wednesday, 26 June 2019 5:51 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

Dear Executive Officer,

Please note that I strongly support Option 1 (as shown below) to be selected:

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.

The above is an obvious action to adopt.

Integrative medicine doctors combine quality conventional medicine with safe and effective complementary medicine to improve health and reduce unnecessary medical treatments.

Integrative medicine treats the body as a whole - the way it should be looked at.

Conventional medicine treats symptoms - often ignoring the actual cause & often leading to worse consequences.

I am sure that Deep Down, you already know this.

Regards,
Steven Pappas
[REDACTED]

From: Lea Papworth [REDACTED]
Sent: Wednesday, 26 June 2019 1:00 PM
To: medboardconsultation
Subject: Public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments

To Whom it may Concern.

I support option 1. Western medicine has its roots in many now considered alternative medicines. Western medicine does not have all the answers, particularly to chronic diseases which are becoming more prevalent with our aging community and unhealthy lifestyle. The general public have the right to make choices and not be governed by 'scientific medicine' where the expense of trials etc, and the profit to be made erodes ethics and honesty. As a society we cant afford to limit our options.

Lea Papworth



From: George Paris [REDACTED]
Sent: Thursday, 27 June 2019 6:42 AM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments

Dear Medical Board,

I wish to express my great concern and alarm that the Board is contemplating this retrograde proposal. It appears to be motivated by commercial competitive ambitions to remove alternative patient options, frequently sought when conventional medicine has failed. We forget too often of the origins and meaning of medicine handed down to us from ancient scientists and practitioners. Please respect and consider this history when considering our future.

George Paris

From: Gabriel Parker [REDACTED]
Sent: Friday, 28 June 2019 11:40 AM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

Public Consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments

To: The Medical Board of Australia

From: Gabriel Parker

Date: 28/6/2019

Consultation

I, Gabriel Parker, 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 framework⁵ 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.

Sincerely,

Gabriel parker

References

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.

--

Dr Gabriel Parker

Chiropractor

B.App.Sci, M.Clin. Chiro, ICSSD

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.

I cannot thank my 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 Lyme Disease, but to other chronic and disabling illnesses also. Australia's medical system will slip even further than it is already. 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 used Complementary, Unconventional and Emerging Medicine and I highly value its availability and I am very happy with its practice. My treating doctor 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.

The suggestion of strengthened guidelines is far too controlled, an attack on my human right to seek any treatment I choose (which has worked). Whether you agree or not with the diagnoses or 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 I should be able to attain the treatment of my choice, here at home.

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 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,

Stacey Parnham
4 April 2019

From: James Pasfield [REDACTED]
Sent: Tuesday, 7 May 2019 2:39 PM
To: medboardconsultation
Cc: [REDACTED]
Subject: Consultation on complementary and unconventional medicine and emerging treatments

The Medical Board of Australia Threat to Integrative Medicine:

My wife and I ([REDACTED] y.o & [REDACTED] y.o) have been consulting with an Integrative-Functional Medical Practitioner for a number of years due to the fact that the health issues we faced were not being adequately addressed and/or treated by our GP.

Our integrative practitioner took the time to go into detail about our health and medical histories to be able to properly diagnose and treat the underlying **causes** of the issues, not just the **symptoms** of them. Our health has significantly improved as a result.

We think it is a disgrace that the Medical Board of Australia regulations group '*complementary and unconventional medicine and emerging therapies*' into a single definition. This is clearly an attempt to create a political divide between the 'good' doctors following 'conventional' medicine and 'bad' doctors who practise integrative and complementary medicines. Doctors practising complementary medicine within Integrative Medicine have nothing in common with 'unconventional medicine' or 'emerging therapies' and it's appalling it has been lumped together into that single definition by the MBA.

Integrative Medicine seeks to gain the information to get to the root causes of a medical or health issue in a patient and these practitioners should be praised and encouraged, not penalised, denigrated and excluded.

The situation that would be created if changes in regulations occurred as per the '*clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments*' paper would be disastrous and totally and utterly unacceptable from our perspective, primarily as patients, as well as tax payers and part of the voting populous.

The fact that the Integrative Medical fraternity were not consulted in the planning and development of the proposed regulations set out in the paper, is simply disgusting. I urge you immediately retract the document and practise procedural fairness through consultation with medical practitioners, medical colleges, representative bodies and academics in the fields encompassed by Integrative Medicine.

Yours sincerely,

James Pasfield

cc Greg Hunt - Minister for Health (via website)

cc Catherine King - Shadow Minister for Health & Medicare

From: Dina Patel [REDACTED]
Sent: Wednesday, 10 April 2019 8:40 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
Dina Patel
10/4/2019

From: Vicki Pearson [REDACTED]
Sent: Saturday, 13 April 2019 5:50 AM
To: medboardconsultation
Cc: [REDACTED]
Subject: MBA NOTICE - (do not introduce new regulations) Consultation on complementary and unconventional medicine and emerging treatments

To whom it may concern:

Please – NO NEW REGULATIONS!!!

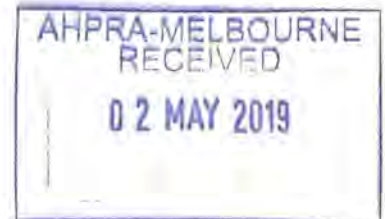
This email is to show my support for homeopathic and unconventional medicine. I have been practicing alternative medicine for 60 years and am alive today because of it.

Please do not take this right away from the Australian people. You have an obligation to provide every and all medicines available, conventional and alternative, to the residents, and allow us the right to be responsible for our own wellbeing.

Thank you.

Vicki A. Pearson

[REDACTED]



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.

I cannot thank my 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 Lyme disease, but to other chronic and disabling illnesses also. 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 used Complementary, Unconventional and Emerging Medicine and I highly value its availability and I am very happy with its practice. My treating doctor 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.

The suggestion of strengthened guidelines is far too controlled, an attack on my human right to seek any treatment I choose (which has worked). 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 I should be able to attain the treatment of my choice, here at home.

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 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.

Yours sincerely

A black rectangular box redacting the signature of Kim Peirson-Jones.

NAME Kim Peirson-Jones

DATE 23/04/2019

From: [REDACTED]
Sent: Sunday, 12 May 2019 8:53 AM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments'
to:

Option 1

Australia should go forward in health care, not backward.

K Pelvay

From: Kerry L PENNINGTON [REDACTED]
Sent: Thursday, 11 April 2019 9:10 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
Kerry Pennington
11.4.2019

From: bessy persenitis [REDACTED]
Sent: Sunday, 30 June 2019 8:42 PM
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.”

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 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.

Public Consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments

To: The Medical Board of Australia

From: Dr Dane Pervan

Telephone: [REDACTED]

E-mail [REDACTED]

Website:

Date: 17 June 2019

Consultation

I, Dr Dane Pervan, 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 framework⁵ 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: Claire Pfeiffer [REDACTED]
Sent: Sunday, 30 June 2019 9:29 PM
To: medboardconsultation
Subject: New Guidelines for complementary and unconventional medicine

I found reading your guidelines very difficult and could not really determine how they would affect me: but please consider these few points that I feel are appropriate.

More guidelines to complementary medicine would be unnecessary.

These practitioners are already bound to practice under the Code of Conduct for Doctors in Australia, which adequately regulates doctors' practise and protects patient safety.

As a patient I have the right to choose the medical path that best suits me.

If these regulations make access to complimentary medical doctors difficult - I would not cease seeking a natural approach to my health: but it could leave me without their professional support and guidance.

My Husband supports my comments and concerns.

Yours,

Claire Pfeiffer

From: Craig Pickering [REDACTED]
Sent: Tuesday, 26 March 2019 3:35 PM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments

Response to question two.

The term 'conventional', as in "be part of conventional medicine, whether used in addition to, or instead of, conventional medicine" is severely limiting considering the outright conservative nature of 'conventional medicine'.

I suggest a change to 'acceptable medical practices'.

Kind regards,

Craig Pickering

From: Andrew Piotrowski
To: [medboardconsultation](#)
Subject: Consultation on complementary and unconventional medicine and emerging treatments
Date: Sunday, 9 June 2019 11:09:16 PM

Dear Madam/Sir,

I would like to express my strong concerns with the 'Consultation on complementary and unconventional medicine and emerging treatments' I want to expressed my concerns with the proposed



With the identified option 2 as preferred options, I disagree with:

- 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

Recent, media attention to practice of traditional medicine in the light of [REDACTED] incident clearly shows that the attention of the Medical Board of Australia is clearly not focused on the good of the patient and their right to choose the their own medical care but the profit.

Kind regards,

Dr Andrew Piotrowski

From: [REDACTED]
Sent: Friday, 12 April 2019 3:32 PM
To: medboardconsultation
Subject: PUBLIC CONSULTATION ON COMPLIMENTARY MEDICINE AND EMERGING TREATMENTS

Executive Officer
Medical - AHPRA
GPO Box 9958
Melbourne VIC 3001

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
Daniel Pizzey
10/04/2019

From: fay plumber [REDACTED]
Sent: Wednesday, 10 April 2019 9:01 PM
To: medboardconsultation
Subject: Complementary/Unconventional/Emerging Medicine regulation changes

My name is Fay Plummer and I have been attending a medical practice that includes the above modes of medicine along with the traditional western medicine practices for the past 18 years. The ongoing treatments I have been receiving have increased and helped sustain the level of wellbeing that I now enjoy. This could not have occurred by just using traditional western medical practices and instead of being reliant on drugs I am able to manage my health with a variety of alternative and integrative treatments.

I am concerned that the proposed changes to current regulations will see a significant decrease in the availability of Integrated Medical Practitioners along with increased costs and legal availability of some treatments currently used.

I already travel from [REDACTED] to Sydney to see my doctor, that, in itself, is costly enough without adding extra limitations to the availability, type and cost of those treatments.

I do not understand the reason behind your proposed changes and find the stated reason to be one-sided and biased. I am living and walking proof that non-pharmaceutical therapies can and do work successfully. I also do not agree with your ability to remove or limit my individual right to choose the type of medical treatment I receive.

On behalf of the many people whose lives have been improved from being treated by these selfless, caring and professional practitioners I ask that you leave the current regulations alone to be received and appreciated by patients like myself.

Thank You
Fay Plummer
[REDACTED]

From: Nicholas Pocock [REDACTED]
Sent: Tuesday, 26 February 2019 2:11 PM
To: medboardconsultation
Subject: complementary and unconventional medicine and emerging treatments

Dear Sir,

In regard to:

Public consultation on clearer regulation of medical practitioners on complementary and unconventional medicine and emerging treatments

The stated intent of the process to avoid: "making a judgement about specific clinical practices" is its weakness. Either we try to follow evidence based medicine and state clearly when specific clinical practices are supported by evidence, and refuse to give tacit support when it is not available, or we just abandon the scientific process and just allow popular, and often biased, opinion to rule.

Assoc Prof Nicholas Pocock
[REDACTED]

From: Tatiana Podesta [REDACTED]
Sent: Tuesday, 23 April 2019 1:15 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

Feedback on the Medical Board of Australia's Public Consultation Paper on "clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments"

There is concern this new rules will seriously restrict the use and practice of integrative and complimentary medicine in Australia.

My right as a patient to determine my own medical care is undermined. The traditional medicines have sometimes centuries - long tried and proved history. The conventional medicine has a lot of side effects, often works against the human body, uses unnatural, even harmful practices, pollutes the environment. One year some drug, or surgery is proclaimed safe, next year the same ones removed from recommended treatments, having harmed along a lot of people.

Tatiana Podesta

From: [REDACTED]
Sent: Wednesday, 26 June 2019 1:55 PM
To: medboardconsultation
Subject: integrative medicine in Australia.

Hi,
Integrative medicine in Australia should remain as is Please!
We should have the right to choose what we put in our bodies Natural or drugs.
If a doctor is up on natural treatments eg Probiotics as most people know we need after antibiotics, it should be ok for the Doctor say use probiotics or what ever they think for a treatment, drug or natural.
The more drugs people receive in treatments the greater the chance of over use of drugs & greater load on hospitals.
It would be great to see Australia be a country that can have Integrative meds & let Doctors be "Doctors" that "help" people the best way than can, with out BIG Drugs companies controlling treatments to the use of drugs only. they still make their money as they make natural meds also.
Where would this push come from to change this, I have a good idea, but maybe Money talks at the price Australian's health.
If this change happens we can see we the people have no say in anything.
How about Australia stand up for our choices for once, & let Doctors Be Doctors & free to do their job and just help people.
This department has the power to lower the drug problem in Australia.(Please)
I have hope for this great country!
Thank You
Regards
Rob Poppleton.

From: Tim Possingham - [REDACTED]
Sent: Friday, 7 June 2019 10:49 AM
To: medboardconsultation
Subject: Concerns over proposed changes to Health Regulation -Consultation on complementary and unconventional medicine

To whom it may concern. I am concerned that the proposed changes for 'complementary and unconventional medicine and emerging treatments' will create the negatives below.

- 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 do not support the proposed changes and hope that the MBA might think about progress rather than regress ...think more about delivering a wider array of solutions and access to emerging treatments that will overall create a healthier population and one which does not need to travel to access new and emerging (leading edge) health treatments of all types, specifically in the integrative space. I personally have received incredible benefits from treatments which may be under threat.

Regards, Tim Possingham.

[REDACTED]

Consultation on complementary and unconventional medicine and emerging treatments.

Dear Sir,

I wish to submit a response to the proposal of the Medical Board of Australia to advocate for clearer regulation of medical practitioners who provide complementary or unconventional medicine or emerging treatments.

I have read:

- the Public consultation paper
- the Discussion paper
- the Draft Guidelines
- the Statement of assessment

and come to the conclusion that the current regulation (i.e. The Board's Good Medical Practice) of medical practitioners who provide complementary and unconventional medicine and emerging treatments (Option 1) to be more than adequate to address the issues identified and protect patients/consumers.

In addition, I believe that :

- National Law
- National Health Practitioner Boards Guidelines for advertising regulated health services
- Australian Consumer Law
- The Therapeutic Goods Administration (TGA)

further strengthen protection for patients, making change to Option 2 unnecessary if patient welfare is the prime concern.

When assessing this public consultation paper it concerned me that the Board justified this proposal for change by stating “ concerns have been raised by stakeholders about this area of practice “ without providing relevant background information on these stakeholders . There needs to be transparency here as it could provide an insight into motives behind the push for change.

In closing I would like to draw your attention to a press release of 16 June 2017 entitled:

“ Complementary medicine in Switzerland now a mandatory health insurance service”

I'm sure “concerned stakeholders” would benefit from reading it.

Yours Faithfully

Geoff Potts

[REDACTED]

25/03/19

The Executive Officer

Medical

AHPRA

GPO Box 9958

MELBOURNE 3001

AHPRA-MELBOURNE
RECEIVED

28 MAR 2019

SUBMISSION CONCERNING NEW REGULATORY PROPOSALS

My name is Meredith Prager. I am [REDACTED] years old.

In the past I have consulted a GP who was also a registered homeopath and I found the treatment non-invasive and helpful.

A friend is currently receiving acupuncture treatment from a GP who is also a registered Chinese ^{Traditional} Medical Practitioner.

It is beneficial for such practices to remain readily available.

My submission concerns the proposal by the Medical Board of Australia to introduce a strict set of regulations governing the practice of "Complementary

and Unconventional and Emerging Medicine."

My preferred choice of outcome is Option 1, to retain the status quo. If the Board decides to choose Option 2 I submit that it be modified to ensure that it applies to ALL medical practitioners and that the Board accept that Integrative Medicine as well as conventional medicine be recognised as a Specialty, allowing increased Medicare rebates to help cover the costs of fulfilling the new regulations.

Please consider my concerns in the decision-making process.

Meredith Prager

From: [REDACTED]
Sent: Sunday, 30 June 2019 4:57 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

Please do not restrict or censor the health care information and solutions I receive from my health care practitioner.
I want all the facts so that I can make my own informed decision.
Regards Amanda Pretty

From: Nicki Procter [REDACTED]
Sent: Saturday, 16 March 2019 3:27 PM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments'

Dear Medical Board

Please support the complementary and unconventional medicine etc sector. As you have noted the majority of the population use it. It would be most unfair to impose restrictions on it that make it more unavailable to us. We deserve and have a right to choose what treatments we would like. The introduction of integrative medicine is evident of the acknowledgement of how important these methods are. But sadly is inaccessible to those on a low income. Please increase your support rather than restrict the sector more. I don't support option 2. Go for Option 3, more support for a much valued sector of the industry.

From: Genna Pyewackett [REDACTED]
Sent: Wednesday, 26 June 2019 3:03 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

To whom it may concern,

I'm writing to express my **concern and opposition** to the MBA's proposed change in regulations for doctors who work with complementary medicine.

The MBA has proposed to lump together 'complementary medicine with unconventional medicine and emerging therapies' into a single definition. **They're not the same.**

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.

If these regulations go through, any doctor practicing safe and effective Integrative Medicine may find themselves breaching the regulations and may be subject to disciplinary action from the MBA's regulatory branch, AHPRA, including deregistration. What is clear is that such a threat will deter a number of practitioners and, ultimately, limit patient choice.

Your attention in this matter is appreciated,

Genna Pyewackett