

Submission in response to *The Medical Board of Australia's Public Consultation Paper* (February 2019): *Consultation On Complementary And Unconventional Medicine And Emerging Treatments*.

This submission aims to evaluate the proposed amendments to the current regulations and recommends retaining the status quo.

This submission also includes an Appendix which consists of a personal account of using mainstream and alternative medicine.

Submission 1: Medical Practitioners are already practicing within sufficient guidelines.

Currently, all medical practitioners are working within the same national legal standards. *The Public Consultation Paper* states, "The Health Practitioner Regulation National Law... defines unprofessional conduct and professional misconduct.... Registered medical practitioners must comply with the National Law and approved registration standards and are expected to follow any approved codes and guidelines... to provide guidance about the board's expectations of the medical profession..." (*The Medical Board of Australia's Public Consultation Paper*, February 2019 (hereafter *The Consultation Paper*, p 16). This means that registered medical practitioners, regardless of their specialisation choices are already working within the ambit of uniform laws, codes and guidelines.

Furthermore, the Board's Code of Conduct, National Health Practitioner Board's Guidelines for advertising regulated health services, Australian Competition and Consumer Commission, Therapeutic Goods Administration etc all provide guidelines and laws for practitioners which are uniformly applied to all medical practitioners and breaches would be assessed on the specifics of each patient's situation according to the medical practitioner's experience and professional judgment.

The Paper does not provide any evidence, with statistics or otherwise that the current guidelines are ineffective or require reforms.

For example, "Safe practice and ensuring safeguards for patients" (*The Consultation Paper*, p 2)

are already implemented under the current guidelines. *The Paper* singles out perceived issues with one set of practitioners in stating, “Concerns have been raised about insufficient information being provided to patients, inappropriate prescribing and inappropriate treatments being provided to vulnerable consumers,” (*The Consultation Paper*, p 7) yet *The Paper* does not give any statistics or evidence to prove this point.

By *The Paper’s* own admission, the Board does not even know how many practitioners practice in this area, “A range of medical Practitioners are practising in the areas of complementary and unconventional medicine and emerging treatments... It is not known how many registered practitioners practise in this area...” (*The Consultation Paper*, p 10), thus how can they know that there is a problem, let alone the extent of the so-called problem?

The Paper states, “Notifications and complaints data may provide an indication of the range of adverse events but under-reporting is thought to be common.” (*The Consultation Paper*, p 14)

Again, how was this conclusion reached if there is no idea on how many practitioners practice in these fields, let alone that there is under-reporting? It is unclear what evidence *The Paper* is using to ascertain that under-reporting is common.

Moreover, to give a more objective viewpoint, it would be more accurate to compare statistics of under reporting of concerns with mainstream medical practitioners in order to understand if there is a higher proportion of concerning cases of complementary/alternative/unconventional/emerging treatments.

The Paper continues to say, “The available information indicates...” that patients are receiving treatment which may be unnecessary or delaying access to effective treatments (*The Consultation Paper*, p 10)- yet what information does this refer to and from which sources, when they do not know the numbers of practitioners practising? Moreover, what are the statistics of patients for which mainstream medicine provides effective treatments which they are not utilising and how are these statistics being collected?

Even if this was to be accepted, *The Paper* does not give any evidence that there is anything missing in the current guidelines or legislations which would require reform. They have not given case studies in which practitioners could not be charged with breaches because of gaps in the laws or examples of practitioners being found innocent on account of loopholes, further showing that the current guidelines and legislations do not need reform.

Submission 2: Differentiating between practitioners creates a hierarchy based solely on their choice of treatments

The negative wording of the draft submission and the very concept of requiring one, suggests a hierarchy of medical practitioners exists, where one set of practitioners should have onerous and more stringent restrictions to others based on their preferred treatments. If the only difference between mainstream medical practitioners and medical practitioners who choose to use “alternative”, “complementary”, “unconventional” and/or “emerging treatments” is in their choice of treatment and not necessarily their medical credentials, this means that medical practitioners’ professional judgment may be compromised in order to simply avoid this categorisation. Moreover, these categorisations do not account for the practitioner’s experience but solely on their preferred treatments. This means that under the proposed guidelines, a practitioner practising in the field for 40 years who prefers to use complementary/unconventional/emerging treatments is under stricter guidelines than someone practising in mainstream medicine for 10 years. It is evident that the categorization is hierarchal and promotes one set of practitioners in comparison to others.

Submission 3: Many of the issues in The Paper are applicable to all medical practitioners

The draft guidelines from p 24 onwards clearly differentiate between practitioners based on their choice of treatments. The statement of assessment is interesting because it states that this will be applicable to all medical practitioners, “These guidelines would apply to all medical practitioners registered under National Law” (The Consultation Paper Draft Guideline p 2), however, they are in relation to practitioners of “complementary and unconventional medicine and emerging treatments” (Ibid.) So which is it? Will it apply to all practitioners or just some?

If the reform overhauls the system for all medical practitioners, that is one thing, however if there is a reform for only some practitioners, then the draft should be open about that.

The concerns about therapies and treatments listed on page 11 of *The Paper*, practices listed on

page 12 and issues regarding poor patient management, are applicable to all areas of medicine and should be regulated by national standards which are applicable to all medical practitioners. For example, the coroner's case cited on page 14 finding that the "consent process, the pre-operative preparation and post-operative management were all inadequate" and the issues cited in *The Consultation Paper* p 14 are equally relevant to all areas of medicine and are in no way solely related to complementary/alternative/unconventional/emerging treatments. As such, there are current regulations which should provide an adequate safety net for patients. If individual doctors do not abide by them, there are consequences which are applicable to all practitioners, not based on the practitioner's choice in specialisations. And clearly these laws already exist, so reforming is redundant.

Submission 4: Using only negative case studies gives a distorted understanding of any practice

The cases listed on page 15-16 which provide a distorted view of alternative medical practitioners can be mirrored by only citing negative cases against mainstream general practitioners. If anyone is to look up coroner's reports against mainstream medical practitioners, or any court cases against employees in any industry, then they would undoubtedly conclude that this industry needs an overhaul. But no objective assessment of any industry would do this, as the very action of coroner's reports or court cases are centered solely on situations which ended in a tragic death, thereby giving a distorted view of the issue. They are by their very nature, worst case scenarios and thus, do not give a fair indicative reflection of the category of medicine. The average patient who *does* benefit from these treatments becomes invisible and this distorts the medical practice.

Submission 5: Medical Practitioners should be given room to make professional judgments and patients autonomy

Regarding the complaints listed on page 14- medical practitioners should be allowed to make judgments based on their own knowledge of patients and their individual needs. If adequate consent is given, then it is the patient's choice to pursue treatments. If it is not, there are legal ramifications already available.

However, medical practitioners who have knowledge of mainstream treatments and decide alternative methods, with consent of the patient, should not be placed under onerous restrictions based solely on their choice of treatment not falling under mainstream methods. This would be restricting the medical practitioner's rights to make decisions based on their own professional judgment and in turn, the patient's right to choose treatments to their own bodies. The Board should not restrict the patient's autonomy over their own bodies and their rights to make decisions on which treatments they wish to receive after receiving informed consent.

The argument that this aims to guarantee informed consent is incorrect, as there are already laws guaranteeing this and any practitioner breaching this, is already in contravention of the law. The reforms would preemptively punish all practitioners for breaching the consent process based on the practitioner's preferred treatment, regardless of whether or not they have breached it. Thus some practitioners might choose to not go through this onerous process, limiting their professional judgment and in turn, restricting patient autonomy.

Submission 6: The effect of cost

Whilst ostensibly the \$3.5 billion spent on complementary medicine seems to be excessive, (*The Paper*, p 6), the Paper neglects to state that "In 2015–16, \$20.8 billion was spent on medicines, including prescriptions and over-the-counter medicines" (Australian Institute of Health and Welfare ; <https://www.aihw.gov.au/reports/australias-health/australias-health-2018-in-brief/contents/how-do-we-use-health-care>), meaning that there is a massive spending of medicines generally in Australia.

The Paper notes that "concerns about the cost and exploitation of patients are more commonly raised by other parties; patients don't tend to complain about the cost" (*The Paper*, p 15). There is a reason for this. If patients calculate the loss of income incurred prior to diagnosis and treatment (not including the deterioration in quality of life which cannot be quantified in money), they will see the "high cost" as an investment in their ability to work and receive an income. The lack of understanding is indicative of their detachment from the realities of living with health issues which are not treated by the average (mainstream) general practitioner. These parties who are complaining do not have to live with the consequences of *not* spending this expenditure which for some, may mean an inability to carry out day to day tasks or continue in their

employment.

Why does *The Paper* not view that patients would not be spending extra costs on treatments that they do not see a benefit from?

Interestingly, whilst the Paper perceives this cost to patients as a negative, they continue to state “the benefits of having good medical practice outweigh any minimal costs related to medical practitioners” (*The Paper*, p 33), accepting that the costs will be transferred to the patients. Cost is one of the concerns of *The Paper* and perceived as a negative when evaluating complementary/alternative/unconventional/emerging treatments, yet imposing added cost which will be placed on patients is not important in their new structure. Is cost important or not?

Why is cost outweighed by good medical practice but not outweighed by an improvement in a patient’s health (the reason they spend so much on complementary medicine.)

If the Board cared about the cost to the patients, perhaps they should help patients lobby to have these treatments under the ambit of mainstream medicine and have it fully covered by Medicare and the Pharmaceutical Rebates Scheme etc rather than take steps which they know will lead to an increase in costs to “vulnerable patients”.

My question to the Board is this:

Where are patients supposed to go for treatments? Codeine which has been used by many patients for pain relief, has become difficult to buy (only available through prescription after visiting a medical practitioner) and as such, has increased in price. Many treatments such as aromatherapy, naturotherapy etc have been taken off private health insurance meaning that there has been an increase in cost for many patients. Now patients using complementary/alternative/emerging therapies will be negatively affected by these proposed guidelines as this will lead to an increase in cost.

What are patients actually supposed to take for treatment exactly? What treatments are Board-endorsed so that they may know what they are allowed to take and will be at a reasonable price? Keep in mind that many patients are already under financial pressure due to having to decrease their work hours due to their health issues. So-called advocate groups such as *Pain Australia* share articles on their social media which suggest that patients simply think happy thoughts and

their pain will subside. Very soon that is all patients in Australia will have access to in terms of treatments. This is simply unfair.

To help “vulnerable patients”, the Board should ask these patients about their experiences. Allowing submissions is definitely a wonderful step and the Board should be commended for opening up this discussion. However, it is sad that they have done this after they have already made up their minds about the conclusion.

Appendix 1:

I have submitted this paper as a patient who has benefitted greatly from 'complementary' medicine. I understand that resources are finite. I understand that not everything can (or even should) be financed by governments or medical bodies.

However, my own experiences exemplify the importance of complementary medicine and I hope that by sharing them, this may bring a greater awareness to the issues which face Australian patients today.

Prior to being sick, I had completed a B Arts/B Law, Graduate Diploma in Legal Practice, Arts (Honours), Cert RE, B Teaching and I had just started (which I have since completed) a Certificate of Higher Education at Oxford University. I was an active volunteer at Legal Centres, an African Outreach service, various church services and Vinnies Van with St Vincent De Paul. I worked as a full time High School teacher. I had recently been admitted as a solicitor and was looking at whether I wanted to continue in my own studies of Higher Education or changing careers and working in law or politics.

In April 2014, I struggled with a fever. Weeks later I started vomiting uncontrollably and was admitted to my local hospital's emergency room. This was the first time that I was told I may be pregnant, a diagnosis I would hear often from 'conventional' doctors, even though I am a virgin. (A lazy guess based on the fact that I am a female in my mid 30s).

I went to my GP who gave me anti nausea/anti vomiting medications. I had an adverse reaction to the medication and was admitted back into ER. This made my situation more difficult to diagnose as doctors now did not know what was related to my initial issue and what was due to the adverse reaction.

I was in and out of hospital multiple times that year. I suffered from nausea and vomiting and extreme fatigue. I started losing my eye sight, had unexplained bleeding and constant nausea and vomiting. In 2016 I started getting debilitating migraines which would be so painful I would start vomiting from the pain. Once I was so sick at work that they insisted on sending me home because I looked unwell and I didn't make it home before requiring an ambulance which my GP called. I was constantly exhausted and nauseous. I started sleeping 16 hours a day, not including naps. I stopped my volunteering, struggled with work and had no quality of life.

In 2017 I tried travelling to the UK to complete my degree at Oxford and got as far as Singapore between requiring medical assistance from the Singapore Airport Doctor and returning home.

In 2018 I went down to working 3 days a week and after a few months, struggling with even that, I went down to 2 days a week. Even then, my health continued to deteriorate and I became bed-ridden, only leaving my bed to vomit.

From the period of 2014-2018, I saw tens of doctors per year, including specialists and doctors in hospitals. I spent thousands of dollars as my health continued to deteriorate and I thought about suicide to escape the constant physical pain I was suffering from. This entire time I was told by different doctors that I was pregnant, that I was imagining it, that I was depressed, that I was looking for attention- everything except anything that could actually help me. I started losing respect for medical practitioners who I viewed as regurgitating university lectures and professional development by pharmaceutical companies. I voiced my opinion to many friends, many of whom also felt that they were ignored by mainstream medical practitioners.

In 2018 I found my doctor who did tests which are “unconventional”. Although I was only working two days a week and most of these tests weren’t covered by Medicare, I decided to do them since my last option was suicide.

One of the findings in my blood tests was that I have had the Epstein-Barr virus (glandular fever)- something that no regular GP or hospital test had decided to do. I understand that Pyrrole’s Disorder is still contentious amongst the medical community, however after I started buying (very expensive) supplements, I was less nauseous, more energetic and able to work more days at work. My work colleagues noticed that my voice was louder, my walk stronger and my face better. Whenever I stop them to save costs, I relapse.

I still see my doctor and I still have ‘crashes’ which we are doing further investigations for. But this doctor who the board is questioning his ability as he is an alternative doctor, has given me back my faith in the medical profession. Elimination diets which I have learned is not medically based found that dairy is one main trigger to my migraines.

I don’t have a scientific or medical background. But I know that I owe this doctor my life which I feel he has returned to me.

I understand that there are cases mentioned in which patients were adversely affected, but the same can be said of those who pursue ‘conventional’ medicine. Furthermore, you are only going to see the patients who complain because something went wrong, not patients like myself who

are able to function again because of these practitioners.

Thousands of cases of malpractice in Australia per year against conventional medical practitioners would not be seen as lessening their reputation- why should that be different for other doctors?

The financial cost which I put on the medical system by seeing countless GPs and being admitted to emergency numerous times, my own money which I spent on specialists and the mental and physical toll on my life, could have been significantly reduced if I knew of this doctor and his services five years ago.

I lost four years of my life which I can never get back, but my only consolation is that my condition can now help my doctor diagnose someone else quicker and more efficiently.

Why is there a stigma attached to emerging medicine? Each medical treatment, including those we take for granted today such as penicillin, insulin, heart operations or transplants were emerging at one stage. What would have happened if previous generations regulated them out of existence?

I will be forever indebted to my doctor and if I ever have a son, I will name him after my doctor, the man whom I view as giving me my life back. Even if I was to get sick today from these treatments, I had an extra year of a high quality life which I may not have if I took my own life last year and for that, I am forever grateful. I am a walking testament to his ability.

From [REDACTED]

E: [REDACTED]

M: [REDACTED]

29/06/2019

To The Australian Medical Board Consultation: Complementary and Integrative Medicine

Dear Sir/Madam

I wish to provide to the Medical Board of Australia, (MBA) consumer feedback related to the very real **lived experience** of benefitting from complementary and integrative medicine.

In the interests of transparency and good health care, the following is offered as a **counterbalance** to the MBA's concerning tactics around language use, consultation and conflicts of interest.

For over fifteen years my daughter, with an intellectual disability, has suffered from a serious mental illness: the principal traits, most powerful and overwhelming for her, contain unrelenting aural hallucinations (hearing sounds and voices that are not real) with associated self-harming/suicidal ideation behaviours.

In her late teens and early twenties, due to the seriousness of her condition, her medication regimes included extremely heavy doses of various anti-psychotic medication trials. As a result my daughter presented in a barely conscious state with an inability to perform normal tasks or to adequately function in the community.

In contrast, is the the past six or more years; through determined, courageous, targeted and informed psychiatric treatment with accompanying nutritional medicine support she is now able to function with support at a much greater level than before.

This is serious medicine requiring: time, testing, trialling, monitoring, local and international research and yes, unfortunately, extra cost due to restrictions and ignorance around pharmaceutical benefits and harms.

She continues to have anti-psychotic medications combined with individualised nutritional medicine but is now a more functional, confident and participatory human being.

I am forever grateful for these professionals, their additional medical training and their belief in "at first do no harm."

Ancient wisdom for the benefit of all of us:

Do not correct a fool, or he will hate you!

Correct a wise man and he will appreciate you!

Yours faithfully

[REDACTED]

Consultation on complementary and unconventional medicine and emerging treatments

Dear Australian Medical Board,

I am writing as a severe and complex patient, and as a former medical research student with honours, in support of several integrative doctors I and my family have seen. I also have experience working in Commonwealth Government science policy. I have a sceptical and cautious approach with all doctors I see, and would never continue with a doctor who I thought was behaving recklessly. There should be no reason to single out integrative doctors for special treatment. They should be reviewed in the same way that any other doctor is reviewed. Anything else is discriminatory. Option 1, for integrative doctors and complementary medicine to be regulated under the same guidelines as other doctors is the only reasonable option. Option 2 in your public consultation paper, for special guidelines for complementary medicine is highly discriminatory, and seriously undermines patient choice, because it compromises the availability of novel treatments and treatment for patients without a diagnosis.

How do you measure the quality of a GP's day to day practice? A reasonable list might be something like:

1. In diagnosis, do they always consider a range of options and gather evidence to select the best option?
2. Do they always consider the safety and relative possible efficacy in their choice of treatments?
3. Do they refer to specialists, where appropriate?
4. Do they listen to the advice of specialists?
5. Do they listen to their patients, and patients' families?
6. Are they courteous in their approach to patients, their families and other doctors?
7. Do they follow guidelines appropriately (where it is appropriate to the individual patients' circumstances)?
8. Are they reasonably priced for the service they offer?

The above factors should be applied in an individual way for each patient, especially in complex cases, and especially where all treatment to date has failed or diagnosis is not clear cut. Safety and efficacy should be considered in comparison to the risk of doing nothing or doing any other treatments. If there is only anecdotal evidence or evidence from smaller trials for a treatment but all appropriate RCT-based treatments have been tried and failed, then this should be compared to the efficacy of doing nothing. Costs should also be compared to disability support costs if no treatments are tried.

The three integrative doctors I have seen have all followed the above very carefully. In fact, more carefully than other doctors because they are aware of the high level of scrutiny they are under because of their use of complementary medicine. In fact my main integrative doctor was awarded [REDACTED]. I have met a number of his patients all of whom speak highly of him, and he is so sought after he gets countless new patient requests long after closing his books. An enormous number of patients would be devastated if his practice was restricted, myself included.

In the case of my own health, I have a condition that doctors cannot agree on the diagnosis of, most treatments have not helped, and the vast majority of specialists say 'not my area', and don't want to see me again, sending me back to my integrative GP. No psychologist or psychiatrist who has seen me has diagnosed me with a mental illness, except for 'chronic pain'. My condition is very disabling to the extent that I need more than \$100,000 per year of NDIS-funded care, after my mother has provided a great deal of care too. Only my integrative GP, and about 5% of the specialists I've seen want to try anything new. Mainstream doctors, once 'pain management' failed to even slow the decline in my condition, have just thrown their arms in the air. There are no evidence-based treatments we haven't tried, so the only new options I'm left with are treatments based on anecdotal evidence and small-scale trials, or nothing.

My integrative doctor made a working diagnosis for one of my conditions, pudendal nerve syndrome, and referred me to the top pelvic pain specialists who confirmed the diagnosis and initiated treatments. My Specialist Sports and Exercise Physician said the Integrative GP was a very good doctor for working that out as it's a rare but under-diagnosed condition. This condition had been missed by other doctors (GPs and specialists) for many years. My Integrative GP is the only doctor to provide treatments for my fatigue and severe sensory sensitivities that actually work. This got me back to reading and writing (on paper, I still needed a carer to type this for me), when I could not do this at all without extreme lasting pain. He and an earlier integrative doctor diagnosed my Postural Orthostatic Tachycardia Syndrome (POTS), got me from being only able to stand for five minutes at a time to one hour, referred me for autonomic testing with an autonomic neurologist, and referred me to a cardiologist who confirmed that the diagnosis and treatments were appropriate. The Cardiologist then sent me back to the integrative doctor for continued treatment as he was at a loss himself. Prior to this the POTS was not diagnosed for two years of severe symptoms by several specialists. The integrative doctors routinely screen for POTS in CFS patients, as it only requires a supine and upright pulse, but all other doctors I've seen do not. A number of my doctors (including specialists) had never heard of pudendal nerve syndrome.

My father had an integrative GP in the same practice. My father had a lymphoma which his haematologist said was in remission, and they monitored him annually (although usually it was the registrar who saw him). In my father's first appointment with the integrative GP his main problems were severe bilateral foot pain, and moderate fatigue. The integrative GP was one of the only doctors he'd seen who knew his rare lymphoma caused neuropathy (most had not even heard of his lymphoma). The haematologist ruled this out because my father was 'in remission'. Over the next few years my father developed a severe neurological condition, involving frequent falls, delirium, double incontinence with loss of sensation in pelvic area, severe reflux and constipation and extreme drowsiness. He needed a great deal of care with the maximum Aged Care Level 4 package. Neurologists and other specialists could not diagnose his condition. The integrative doctor on several occasions suggested the lymphoma could be involved but each time the haematologists said no, he's 'in remission'. Then my mother came upon researchers and guidelines for the CNS form of his lymphoma which said that anybody with his lymphoma and neurological symptoms should be tested with a lumbar puncture even if it's in remission in the blood and there's a normal MRI. The haematologists in [REDACTED] refused the lumbar puncture and dismissed it as impossible because it was 'in remission'. The integrative doctor, on the other hand, read the guidelines and research, but was unable to over-rule the haematologists as only they could perform it. Instead, he treated the consequences of the lymphoma and past

chemo, including infections, weak immune system, fatigue, weakness, anaemia etc. Any vitamins he gave him he made sure were not known to activate lymphomas, just in case. 18 months later a new haematologist saw my father, did the lumbar puncture which definitively diagnosed him with the CNS form (presumed there for 6+ years). Although the new haematologist successfully treated his lymphoma, my father died of the secondary consequences of a late diagnosis, and errors in hospital care, after eight months in hospital.

Yet, at this point in time, it is the integrative doctor who is suffering increased scrutiny who kept him alive and in as good condition as was possible when the haematologists refused to help (and refused to follow the guidelines for his condition). A number of hospital specialists refused to listen to evidence, top specialists in other relevant fields, or guidelines, and certainly to patients and their families. They made decisions that were very unsafe, and refused to consider alternative treatment choices when existing ones failed (e.g. jejunal feeding instead of gastric feeding for severe reflux). The integrative doctor suggested a naso-jejunal tube long before the hospital did (instead choosing to persevere, against all evidence with naso-gastric tubes), but he could not treat my father while he was in hospital.

Now that I have given some examples, I would also like to outline some of what I believe to be myths about integrative doctors.

1. That integrative doctors use ‘alternative’ treatments before ‘evidence-based’ treatments which puts patients at risk.

Your news article raised concerns about treatment ‘that may result in delayed access to more effective treatment options’. By definition if it is ‘complementary’, rather than ‘alternative’, it is used as well as, not instead of standard medical practice. I have been in contact with hundreds of patients who use complementary treatments. By far the most common story is that by the time they came to use these treatments they had tried every treatment evidence-based medicine had to offer, with no (or incomplete) success.

In the three examples of integrative doctors I have seen, they were more likely than your average doctor to cite evidence when justifying a particular course of action. For example, although the hospital gastroenterologist cited there was ‘absolutely no evidence’ for probiotic treatment for antibiotic-associated digestive concerns, the integrative doctor sent peer-reviewed articles on this. There appeared to be no concern on the part of the hospital about safety of probiotics either, but rather the hospital was guided by attitude over evidence. No integrative doctor has ever suggested my father stopped chemo, I stop my insulin, my mother stop Ventolin or any other mainstream treatment justified with evidence. They have been as firmly in favour of these mainstream essential treatments as any other doctor, more so than some. If my Dad’s integrative doctor was in charge of Dad’s cancer he’d have started chemotherapy at least 18 months earlier. Adding vitamin and mineral supplements (where safe) to these treatments does not take away from their effectiveness. They were also cautious to research any drug-interactions when adding supplements in, and knew a great deal more about this than non-integrative doctors. Where there was any doubt they would follow-up with research.

2. That integrative doctors do not refer to specialists

My integrative doctor has referred me to just as many specialists as any other GP has, and has followed up on their findings. Unless quantitative data has been obtained on this subject, it is a claim not substantiated by evidence. If the Medical Board is concerned about the number of referrals a patient receives, they could collect data on this and address it for all doctors. It is irrelevant to regulation of complementary medicine.

3. That integrative doctors don't run enough standard tests

My integrative doctor in fact has requested more thorough standard testing than any other GP I've seen. He follows up to make sure there isn't anything the specialists have missed either. If the Medical Board collected data on this for all GPs, then they could regulate the GPs who referred the least. It is also irrelevant to the regulation of complementary medicine.

4. That integrative doctors charge their patients too much

My integrative doctor charges less per minute than any of my local GPs, it is simply that he takes on complex cases where all the other doctors give up, so he gives me more time, at 30 mins per monthly appointment. Once again, unless comparative quantitative data is obtained on this claim, it is not evidence-based. If this was a genuine concern the Government could place a cap on what any GP could charge, then it would impact all doctors equally instead of targeting a particular group. Option 2 would not be required for this.

On the issue of patient choice and informed consent, from my perspective I'm prepared to pay for treatments not *guaranteed* to work or that may in part be working as a placebo just in case they work to avoid hundreds of thousands per year in disability supports and lost opportunity to work. I would not have continued these treatments long-term if ineffective but I would try them out if they were safe.

5. That integrative medicine involves a disproportionate amount of conflicts of interest

Your concern about conflict of interest over financial aspects of the treatment, while it holds some merit, it is only meaningful if we also look at the same issue for prescription drugs. Numerous studies have shown doctors are more likely to prescribe a drug if they have been sent pens bearing the drug's name, been given meals by drug companies, or sent to conferences in the Bahamas. Regulation of conflicts of interest, would therefore not be more effective with option 2, as it should not be targeted at integrative doctors, who should follow the same standards as all doctors. One must be very careful when trying to collect data on conflicts of interest to be aware that more conflicts will be identified amongst doctors most heavily scrutinised. By having special regulation of conflicts of interest for integrative doctors, it's likely they would *appear* to have more conflicts regardless of whether they actually do.

6. That complementary medicine pedals false hope

Your paper raises the risk of 'false hope'. As a patient with a severe condition who has tried more than 100 treatments I know what false hope means better than any doctor. Frankly, once you've tried this number of treatments, false hope is not an as much of issue as you become sceptical about everything, and it's not worse for complementary medicine. I find it incredibly

condescending that I am not given the choice to decide for myself whether I want to risk false hope again. I have had enough success in the past with complementary therapies when I had very little hope or expectation of them working that it is not accurate to call it false hope.

7. That emerging treatments are too risky and we should wait for large-scale RCTs for all treatments

On the subject of risk, it is important that the risk is weighed up against the risk of other treatments or of doing nothing. For example my father was denied IV fluids in the home based on perceived risk, but instead what occurred was that when he was then hospitalised for dehydration he contracted drug-resistant septicaemia. These multi-drug resistant forms are more common in the hospital than in the home, and it's unlikely he'd have been at more risk with home treatments.

In the case of terminal patients this is especially important. Terminal patients are at times denied emerging treatments because of risk, when the outcome of doing nothing is certain death. Any individual patient with a basic degree of lucidity could understand this comparison and make an informed choice. Personally, having seen my grandmother go completely deaf from an antibiotic and all that her disability entailed, I'd rather risk the possibility of going deaf than choose certain death. I live with a severe disability and constant suffering and I'm telling you, I prefer this to certain imminent death. I understand not everybody feels this way, which is why patient choice is critical.

On the other hand where treatments are for cosmetic or 'anti-ageing' purposes, the risk management matrix changes, as the maximum possible benefit does not meaningfully benefit society, so risks are not justified.

Tick-borne disease

It is completely inappropriate that antibiotic treatments for tick-borne disease be considered within guidelines for complementary therapies. If there were guidelines aimed at appropriate use of antibiotics for any condition or reason, this would be a much more appropriate avenue to regulate it.

The use of long-term antibiotics to treat *Borrelia burgdorferi sensu stricto* and *sensu lato* is highly controversial, but regardless of the position of the particular regulator, it is not reasonable to say there is 'no evidence' for its use. In 2016 the US Government National Guidelines Clearinghouse removed the guidelines of the Infectious Diseases Society of America (IDSA) that recommended only short courses of antibiotics and instead included the guidelines of the International Lyme and Associated Diseases Society (ILADS) who recommended longer-term use of antibiotics. They justified the removal of the IDSA guidelines because they stated it had insufficient evidence for its recommendations.

When it comes to Australian-acquired Disabling Symptom Complexes Attributed to Tickbites (DSCATT), it is not clear-cut what avenue to take, but until we have agreed guidelines doctors should be allowed to be guided by their own experience if the only other choice is to do nothing.

Draft Guidelines

I think it is inappropriate that the board had already chosen a preferred option and drafted guidelines accordingly before any public consultation. It certainly appears as if there was no genuine interest in serious consideration of public opinion. Nonetheless I have some specific comments on the draft, as follows:

- 1) The background section is almost exclusively negative about complementary therapies, and makes it appear impossible any of these might be of use, even though some, such as acupuncture for back pain, or Vitamin D for bone density have a sound evidence base.
- 2) The guidelines claim they will not impact patient choice or discriminate against certain doctors, and yet, for integrative doctors who specialise in patients for whom there are no evidence-based therapies available, the following certainly removes patient choice by restricting these doctors' practices:
 - i) 'Serious or repeated failure to meet these guidelines may have consequences for a medical practitioner's registration.' (Page 3 of Draft Guidelines)
 - ii) 'Only recommending treatments where there is an identified therapeutic need, quality and safety can be reasonably assured and that have a reasonable expectation of clinical efficacy and benefit.' (6.2 – Page 6 of Draft Guidelines)

Since the Government refuses to fund research into complementary medicine or long-term antibiotics for Australian DSCATT to any serious degree, or treatments of any sort for CFS, there are no treatments at all that 'have a reasonable expectation of clinical efficacy and benefit.' However, there are treatments which show promise and are worth a try if they are safe and especially if they are inexpensive. A patient with informed choice should be able to weigh up this decision for themselves.

Conclusions

Your paper reports that more than two thirds of Australian consumers use complementary medicines. Your list of what practices this entails I believe would have been recommended at some stage by close to every one of the 50+ doctors I have seen, including doctors who consider themselves to be more orthodox than average. If you focus on the ones with ACNEM or AIMA accreditation, then you are just picking on the doctors using complementary medicines with more knowledge and experience of them, sparing the mainstream doctors who throw supplements in without specific expertise in them. If you over-regulate the integrative doctors, you also risk patients currently receiving complementary therapies dropping out the medical system altogether. I spoke to an MS patient who had refused to see any doctor for decades and only sought medical advice from a naturopath because she felt traumatised by orthodox medicine. Integrative doctors could have been an intermediate option that meant she still had her general health looked after, and I think she was moving in that direction. If you force these people back to only seeing naturopaths this is a retrograde step.

Your report states that this inquiry was at least in part triggered by patient complaints about integrative doctors. As there are also complaints about orthodox doctors, it would be necessary to determine whether these complaints are representative of a majority of patient views, or just a few outliers. If two thirds of patients indeed use complementary medicine, then it seems unlikely that a majority would object to doctors using complementary medicine. Nonetheless, research would have to be done to show that such a claim is evidence-based. It would be deeply

concerning if a report criticising integrative medicine as not evidence-based was itself not evidence-based in its accusations.

To heavily regulate emerging treatments stands in the way of progress and innovation. While medically advanced nations like the US and Germany are making moves to free up treatments in these areas, Australia is going backwards. Often the first stage in medical research is not 'rational drug design' in labs or breeding inbred strains of laboratory mice but doctors in their daily practice saying, 'hey, I think I've found something, let's follow this lead with some research'. Australia is falling behind our competitors in medical research, and if we look to our Nobel Prize winners such as Professor Barry Marshall, we see experimentation rather than stifling restriction. The kind of regulation you propose might prevent future Noble Prizes going to Australian researchers to benefit society in innovative ways. Fostering innovation through appropriate policy is an area I worked in for several years.

The other concern is that patients without a clear diagnosis for a severely disabling condition may not qualify as having an 'identified therapeutic need.' Does this mean there can be no treatments before there is a diagnosis?

I personally have benefitted from numerous complementary treatments. Is it *all* a placebo? Probably not, if numerous treatments already failed, why did these particular ones work over many years in a way that greatly exceeded expectations? Are *some* of the benefits a placebo effect? Probably, as is the case for drugs, as the drug trials clearly indicate. The presence of a small placebo effect should not be a reason to stop access to a treatment, when the placebo effect gives added benefits.

I wholeheartedly request that you take option 1 to regulate complementary medicine under existing guidelines, as option 2 to write special guidelines for complementary medicine is discriminatory, retrograde, removes patient choice, and restricts viable treatments for patients where nothing else works. If you do take option 2, I request strongly that you remove 6.2 which essentially states that all treatments must be proven by RCT trials before any doctor can recommend them, as this greatly limits patient choice. If a treatment is safe, or the patient is terminal they should have a right to.

From: [REDACTED]
Sent: Friday, 5 April 2019 3:29 PM
To: medboardconsultation
Cc: [REDACTED]
Subject: 'Public consultation on complementary and unconventional medicine and emerging treatments'

Submission to the Medical Board of Australia

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

To whom it may concern,

I value choice in the type of medicine I receive. On reflection, I've had poorer experiences with mainstream medicinal practitioners compared to complementary, emerging, unconventional medical practitioners. That said, all have completed similar training.

On the recommendation of a group supporting preschool children, I took my child for a consultation with a specialist mainstream doctor. I had noticed changes in behaviour after eating some foods including fruits and settling issues. Preschool had observed this too.

The result of the consultation was an offer for a prescription for Ritalin. In our discussion on food, I was told the Feingold diet (even though I had not mentioned it) was debunked. The doctor said I was a 'mother in denial and would crawl back through his door for a Ritalin script'

After further research, I went to a Food and Allergy Clinic at a teaching hospital and received professional assistance. At that time, this was considered emerging medicine, as not all doctors were supportive nor knowledgeable. However, emerging becomes mainstream.

We stayed with the diet for years but found a Paediatrician, who offered a much wider view with complementary or unconventional medicine. At all times our options were discussed, explained and our questions satisfactorily answered. This outstanding choice has enabled a small boy with difficulties beyond food intolerances developing into a contented, studying, working, social adult.

I had the option for choice, and I made it. I didn't crawl back for the script, I found a complementary doctor, who treated our family with respect and excellence.

I used mainstream doctors but was frustrated with the lack of progress on chronic conditions including pain. This research on chronic pain sums up my overall experience.

<https://www.abc.net.au/news/2019-03-30/why-are-women-in-chronic-pain-given-antidepressants/10945368>

"Research shows that men are more likely to receive pain relief, whereas women were more likely to be prescribed antidepressants or referred to a mental health service. The "emotional woman" in pain." Professor Louise Sharpe is Associate Head (Postgraduate) in the School of Psychology at the University of Sydney

Fortunately, I have found a doctor knowledgeable in complementary, unconventional, emerging medicine, who has continuously strived to improve my health outcomes. He always listens attentively and compassionately. He discusses treatment options, alternatives, merits, side effects and costs. When I make decisions, I have always had an opportunity to discuss and reflect. Consultation discussion summary is always given, so one does not need to rely solely on memory when discussing options with family or other professionals or checking medication changes. I value the choice I have.

I do not support the proposed new regulations which would create a discriminatory regime of double standards within medical practice, where one group of trained practitioners (complementary, unconventional, emerging) must practice under stricter guidelines than mainstream practitioners. All mainstream medicine was once emerging. If we stop thinking creatively, we will be doomed in an ever-changing environment. Remember stomach ulcers.....and the change in treatment against the cries of 'it couldn't be...' Some treatments that are considered emerging in Australia are mainstream in other parts of the world. My current care is outstanding, and I would be incensed if this choice was compromised or no longer available to me. Please retain the status quo so that I can continue to choose high-quality care from a doctor knowledgeable in multi-disciplinary medicine including complementary, unconventional emerging medicine.

aged 65 of NSW (Full name not for publication)

From: [REDACTED]
Sent: Sunday, 30 June 2019 6:22 PM
To: medboardconsultation
Subject: Re: Public consultation on complementary and unconventional medicine and emerging treatments

Hi
I lodged the following submission yesterday.
I forgot to request confidentiality.
I do so now.
Please do not publish my name.

Thanks / [REDACTED]

From: [REDACTED]
Sent: Saturday, June 29, 2019 11:03 PM
To: medboardconsultation@ahpra.gov.au
Subject: Public consultation on complementary and unconventional medicine and emerging treatments

Hi
In my opinion the current regulation of medical practitioners adequately regulates doctors' practise and protects patient safety.
Guidance for medical practitioners who provide complementary or unconventional medicine or emerging treatments is provided in existing codes and guidelines.
A two-tiered approach causes confusion and there is no need or justification for it.
So I support Option One – Retain the status quo.
Also I feel that option 2 will undermine the right of patients to choose the medical treatment they receive.
I do not agree with the proposed term 'complementary and unconventional medicine and emerging treatments', nor the definition. The proposed terms cause uncertainty and confusion. The definition is vague ie "not usually considered to be part of conventional medicine" and would be subject to manipulation and argument.
The level of proof required by conventional medicine is too high, resulting in treatments that are viable being disregarded because suitable clinical trials proving their effectiveness are required. The costs of these clinical trials are so high that almost all such trials are funded by large pharmaceutical companies that are only interested in testing treatments that can be patented.
For example the treatment of minocycline to treat Scleroderma. There is some research and a great deal of anecdotal evidence showing the efficacy of this treatment, and a member of my family had success using it for scleroderma. However it is a long term treatment that can take up to 2 years. And apparently "conventional" immunologists and rheumatologists discarded it's use long ago based on one trial which only lasted 6 months and was, in my opinion, flawed in it's conclusion. Now there is no-one willing to cover the cost of a long term trial because it involves an existing medication that is out of patent.
Further some treatments that have actually being proven to be effective in clinical trials may still be considered to be unconventional medicine because of lack of

understanding by doctors and also because pressure from pharmaceutical companies to have their treatments applied instead.

For example the treatment of Rheumatoid Arthritis with minocycline. This medication has been clinically proven to be effective, and has far fewer side effects than many “conventional” treatments commonly prescribed such as high dose prednisone and methotrexate. .

Another example is the work of Nobel Award winner Dr Barry Marshall. His theory that a high percentage of stomach ulcers were caused by bacteria was completely rejected by “conventional” doctors and gastroenterologists for many years despite clear research showing he was right, and he was subject to quite extreme criticism. I note that the treatment of Lyme disease seems to be one of the targets of option two. Having reviewed the parliamentary inquiry into Lyme I think it is clear than “conventional” medicine has failed to address the needs of a large group of very sick people because there is no “proof” that Lyme disease exists in Australia. Meanwhile so-called unconventional treatments have had some success treating these patients.

Another problem option two would cause is in restricting off-label use. Experienced doctors should be able to tailor treatments as they see fit. An example of this is the outrageous case of Dr [REDACTED] at [REDACTED] who was wrongly suspended for off-label use of medication. It was only after a long period, and after suffering considerable personal & financial trauma that he was reinstated in full. This was an extremely experienced [REDACTED] who was loved & respected by his patients.

For the reasons I have outlined I feel very strongly that option two should be disregarded and option one pursued. Medical practitioners who provide complementary and unconventional medicine and emerging treatments should not be subject to extra regulation.

Regards / [REDACTED]

Submission to Medical Board of Australia: Public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments

Note: for privacy and confidentiality reasons, please do not publish my name or address on your website or other publicly accessible mediums. Please redact my name and address and feel free to publish the rest of my submission.

Dear Medical Board of Australia,

I have read your Public Consultation paper and am writing to advocate for 'Option 1 - Retain the status quo of providing general guidance about the Board's expectations of medical practitioners who provide complementary and unconventional medicine and emerging treatments via the Board's approved code of conduct'.

Complimentary medicine – effective symptom management for Myalgic Encephalomyelitis (ME)/Chronic Fatigue Syndrome (CFS)

I am not a medical expert and therefore can only speak from personal experience and information I have gleaned from my health practitioners and my peers. I am the [REDACTED] of the [REDACTED] ME/CFS Support group, a group that offers informal peer support to people living with ME/CFS. I am also a member of Emerge Australia, a national not-for-profit organisation that focuses on ME/CFS. I am aware that:

- an estimated 250,000 Australian residents suffer from ME/CFS
- 25 percent are housebound/bedbound¹
- more than half are unable to work or study² – this has resulted in billions of dollars of lost annual wages/income to the nation
- many ME/CFS patients die of cancer, heart disease or suicide at younger ages than the general population^{3,4}
- less than half of medical practitioners receive any training about ME/CFS⁵

¹ Report to the National Health and Medical Research Council CEO: Draft for Public Consultation, NHMRC ME/CFS Advisory Committee, Dec 2018. page 15.

https://consultations.nhmrc.gov.au/public_consultations/mecfs-2019a

² Emerge Australia Health and Wellbeing Survey: Report of Key Findings 2018, page 36.

<https://emerge.org.au/emerge-australia-health-and-wellbeing-survey-2018/#.Xlb44rhS82w>

³ IOM (Institute of Medicine). *Beyond myalgic encephalomyelitis/chronic fatigue syndrome: Redefining an illness*. Washington, DC: The National Academies Press. 2015. Page 2 <http://nap.edu/19012>

⁴ Jason, L., K. Corradi, S. Gress, S. Williams, and S. Torres-Harding. 2006a. *Causes of death among patients with chronic fatigue syndrome*. Health Care for Women International. 27(7):615-626.

⁵ Report to the National Health and Medical Research Council CEO: Draft for Public Consultation, NHMRC ME/CFS Advisory Committee, Dec 2018. https://consultations.nhmrc.gov.au/public_consultations/mecfs-2019a

- currently the conventional medical profession has not yet produced a single diagnostic test for ME/CFS, let alone a 'cure'⁶.

Consequently, currently many ME/CFS patients, such as myself, are only able to manage symptoms. For many of us, complimentary medicine⁷ approaches have proved highly beneficial in symptom management. In my case, complimentary medicine has been the only way that has enabled me to improve my health and wellbeing and therefore to provide a glimmer of hope of returning to fully or even partially-improved health.

Why choose complimentary medicine

I appreciate that the Medical Board of Australia seeks to protect patients from unsafe practices. However, I am aware that some of the main reasons why patients, such as myself and my peers, seek complimentary medicine treatments are twofold:

1. In many cases, conventional medicine has not offered effective treatment. In fact, conventional medicine has often recommended harmful treatments such as Graded Exercise Therapy/Cognitive Behavioural Therapy, despite enormous objections from over 100 highly-regarded clinicians and medical researchers who deal with ME/CFS⁸.
2. Complimentary and integrative medicine treatments have, in fact, offered effective treatments.

Holistic, safe and multi-system treatment

After many years of receiving little, if any, relief from conventional medicine, I have achieved enormous, immediate, holistic benefits from naturopathy, acupuncture, yoga and chiropractic care and integrative medicine approaches from my GP for treating a range of illnesses/injuries, ranging from the common cold, digestive problems, tendonitis, back pain and most recently, ME/CFS, a complex, multi-system condition.

For me, the holistic, multi-system approaches have proved to be especially helpful. For example in treating ME/CFS:

- The coaching I received from my health practitioners, including my integrative GPs and integrative health-oriented physiotherapist, about boosting my parasympathetic nervous system (e.g. via yoga, meditation and qi gong) and adrenals has been especially helpful – resulting in immediate symptom relief from ME/CFS.
- The adrenal saliva tests recommended by my integrative GPs have, in fact, been highly beneficial for measuring functional impairment and monitoring my ME/CFS recovery.
- It was my chiropractor who drew my attention to the importance of boosting serotonin levels via massage and swimming.

⁶ Carruthers B. M. & van de Sande M. I. et al, *Myalgic Encephalomyelitis – Adult & Paediatric: International Consensus Primer for Medical Practitioners*, Vancouver, Canada, 2012. Page 1 <http://emerge.org.au/wp-content/uploads/2014/06/Myalgic-Encephalomyelitis-International-Consensus-Primer-2012-11-26.pdf>

⁷ Throughout this document, I refer to complimentary medicine as inclusive of 'complimentary, unconventional and emerging treatments'.

⁸ *Trial by Error: Open Letter to the Lancet, Version 3.0*. David Tuller. 18 August 2018 <http://www.virology.ws/2018/08/13/trial-by-error-open-letter-to-the-lancet-version-3-0/?fbclid=IwAR2dQx8d9bSpBulKNWTi-mQaHSSxZ9dVOSwQKAUACnt1fZDs03RQqiOthYg> Accessed 5 June 2016.

- Acupuncture has significantly boosted my energy levels, without me incurring negative side effects. My acupuncturists have also coached me on appropriate dietary practices to improve my gut health, a key part of the immune system long recognised in traditional Chinese medicine (yet only relatively recently recognised by Western medicine).

All of the above approaches have been working and were never mentioned by my conventional GPs.

Cost-effective treatment

One of the other main reasons regarding my choice to use complimentary medicine is my preference for holistic, pro-active/preventative approaches to health management. I would much rather invest in chiropractic care than wait until I require spinal surgery. Similarly, I would much rather use acupuncture to manage digestive disorders and multi-system fatigue than wait until my ME/CFS progresses to heart disease or cancer. And practicing yoga and meditation has improved my nervous system and mental health without the negative side-effects from anti-depressants or costly psychology consultations.

Valid evidence

My reasons for supporting Option 1 and not Option 2 are based upon my objections as to what the Medical Board of Australia may deem as 'valid evidence'. I am aware that the Medical Board of Australia, the conventional medical profession and the preceding Australian Department of Health's 2019 review of 'Private health insurance reforms: Changing coverage for some natural therapies'⁹ have omitted many solid bases of evidence regarding the efficacy of 'alternative' forms of diagnosis and treatment. As the President of the Australian Naturopathic Practitioners Association had pointed out, many reputable studies available only in Asian languages were omitted in the private health insurance review¹⁰. I am aware that these bases of evidence are dismissed as 'pseudoscience' by organisations such as the Friends of Science in Medicine¹¹. Or if health improvements do occur, the results are attributed to a placebo effect.

⁹ *Private health insurance reforms: Changing coverage for some natural therapies*, Australian Department of Health, 1 April 2019. https://www.health.gov.au/internet/main/publishing.nsf/Content/private-health-insurance-reforms-fact-sheet-removing-coverage-for-some-natural-therapies?fbclid=IwAR28i0hSrB_Xn-Yk0aRsxNjPJxGL3n-OtpANhOxlnSwn3B1f3pP0-THISL4 Accessed on 5 June 2019.

¹⁰ *Private health insurance and natural remedies*, ABC Radio National, Life Matters, 20 November 2018 <https://www.abc.net.au/radionational/programs/lifematters/private-health-insurance-and-natural-remedies/10510460?fbclid=IwAR1DAonxselglHFQGJKGWEYhxo5BQZ85Pcmztc4kh2m2ZhsLiEY6zbz5IJzw> Accessed on 5 June 2019.

¹¹ *Friends of Science in Medicine* <https://www.scienceinmedicine.org.au> Accessed on 5 June 2019.

Key recommendations

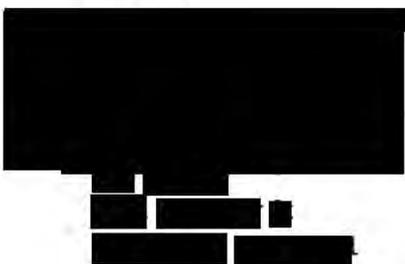
I urge you to:

1. Include professional associations from the natural therapies, such as the Australian Acupuncture and Chinese Medicine Association, the Australian Traditional Medicine Society, Australian Natural Therapists Association, the Chiropractors' Association of Australia and Yoga Australia, as full, equal representatives and decision-makers on the Medical Board of Australia
2. Include, not overlook or omit, the solid bodies of evidence recommended by the above-mentioned natural therapies associations
3. Value a holistic approach to healthcare and support doctors' right to provide new and innovative practices, including complementary medicines
4. Not force doctors into restrictive 10-minute consultation timeframes. Instead, allow doctors to provide longer consultation timeframes to better understand and diagnose the complexities regarding the causes of illness/injury and provide comprehensive treatment
5. Do not frame complimentary and integrative medicine approaches as 'fringe'. The guidelines should include and acknowledge the efficacy of natural therapies such as naturopathy, chiropractic, traditional Chinese medicine and acupuncture, yoga and meditation.

Your own report acknowledges that over 2/3 of Australians report to using complimentary medicine (reference: Page 6). This enormous patient demand suggests that many other patients have achieved similar benefits from the holistic approaches offered by complimentary medicine. If this was not the case, I doubt that complimentary medicine demand would be increasing the way it has been over the last few decades.

Thank-you for the opportunity to hear my views supporting Option 1 and greater inclusion of complementary medicine as a valid and effective approach to improving health and well-being.

Regards,

A large black rectangular redaction box covers the signature and contact information of the sender.

Note: for privacy and confidentiality reasons, please do not publish my name or address on your website or other publicly accessible mediums. Please redact my name and address and feel free to publish the rest of my submission.

From: [REDACTED]
Sent: Wednesday, 13 March 2019 10:59 PM
To: medboardconsultation
Subject: RE: enquiry

Hi [REDACTED]

Thank you, I will just write it here in this case. Please publish my letter with my initials only. Thank you.

In my life I have got tremendous help and relief by alternative therapies both for physical and emotional issues which include depression, anxiety, inflammation in certain body parts etc. I had the opportunity to research and try several of these therapies- as none of the mainstream medicine could help my issues- and I found they were all already well regulated, the therapists had profound education, training, they made exams and kept themselves on ongoing trainings most of the time. I was pretty impressed with what I found.

I think that mainstream medicine should not worry that these complementary treatments take away any patients or too much income from them as most people- as I see- only go after these when the mainstream is out of option or proves to be not effective for them or for their specific health issues.

Of course they don't start with these, as they are not covered by Medicare. When they tried every covered option they might decide to spend some money and try some alternative things. If it gives relief and help why would the government want to prevent that? These treatments are by the way much, much cheaper than the ones covered by Medicare. Medicare covers chemotherapy even though it costs tens of thousand of dollars and the efficacy is just 2.3% (This was a study made by Australian oncologists).

The other issue I would love to mention is the kickbacks doctors are allowed to receive from the pharmaceutical companies in all kind of forms (travels, conferences in Hawaii, lunches, gifts, cash etc) and it results in them overprescribing medications. It is a huge issue and it has already led to the opioid crisis, to the immense problem of the antibiotics resistant bacteria Streptococcus(what kills 90.000 people every year) and the overmedication of people in general. GPs are allowed to and will put anybody on antidepressants nowadays who goes to see them and will mention they have stresses or not feeling happy. I heard it from several sources. In Europe you have to go to specialists and only they can prescribe it after careful consideration. My 18 year old daughter's perfectly healthy friend is on 3 medications right now: one for depression as she was stressed during exams, one for her acne, one for her irregular period. My daughter tells me 1/3rd of her school mates are on antidepressants. So I reckon the bribing of doctors/GPs should be taken very seriously- and put an end to it-otherwise the health of our children and ours will suffer greatly.

Thank you for the opportunity,

[REDACTED]

To whom it may concern,

I would like to support Option 1 in the “Public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments”.

I am a compounding pharmacist who is professionally acquainted with practitioners in the mentioned field. I also use their services as a patient. I have witnessed numerous health improvements in a range of patients with varying health issues as well as potentially questionable prescribing requests. Members of my family have achieved significant improvements in personal health by relying on diagnostics and professional advice from medical practitioners who consider themselves integrative doctors. I would be deeply saddened and disappointed if Australian public loses the access to these practitioners by well intentioned but poorly implemented regulations.

It is extremely challenging for one document to encompass the current complexities of medical practice in Australia. Oversimplifying the matter and dividing medical practitioners in the two camps, one with the stamp of approval and one with the question mark could open the Pandora's box of guideline misuse.

A particular concern is including emerging treatments or similar wording as a part of the proposed definition. Australia is regarded as one of the research leaders in the field of biotechnology. There is every reason to believe that in the world of tomorrow Australia should be the regional leader in the field of regenerative and life enhancing medicine. Translating research into safe therapies is a globally recognised challenge. As ‘emerging treatments’ is an extremely sensitive and important subject, it warrants further public discussion between academic, governmental and commercial stakeholders, with careful planning and funding on national level.

Please feel free to publish the text of this submission while keeping my name confidential for privacy reasons.

Sincerely,

[REDACTED]

The Medical Board of Australia

I am writing in response to the proposed move towards:

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

The health needs of my family have been attended to efficiently and effectively by the same naturopath for over 30 years, in conjunction with an integrative medicine general practitioner (specialists in their respective areas, to my mind). We have received first class care including a thorough history taking, clear explanations, well-prescribed medications that work, emotional support and referral where necessary, in an atmosphere of safety, understanding, confidentiality and mutual respect. My children and grandchildren follow the same path.

My initial interaction with a traditional ('alternative' or 'complementary') medical practitioner was in 1984 when my then four-year-old daughter had a moist cough that was being treated with a liquid decongestant by our local GP. This went on for weeks with no improvement. I requested a chest x/ray which revealed pneumonia. The prescribed treatment? Keep on with the current medication. By this time, she was also prescribed Ventolin, and was obviously quite lethargic and unwell. I sought a second opinion – where I was told “Keep following your GP's advice”. Where do you go from there? A friend gave me the name of a naturopath she was seeing who remains our primary medical care provider to this date.

My husband, following two accidents involving chemical exposures, suffered a range of symptoms including breathing difficulties for a number of years until he was no longer able to work. As a workers' comp patient he was referred to all and sundry doctors who gave the general opinion that it was 'all in his head' until a specific test (expected to prove it was 'all in his head') showed he had quite severe reactive airways dysfunction syndrome. Even though this test caused him extreme distress, another respiratory physician wanted to repeat it for the insurance company. Fortunately, the courts ruled it was unreasonable to ask him to submit to such an 'assault', and the original test should suffice. At this point we were referred to the integrative medicine practitioner that we have been consulting for nearly 20 years to manage my husband's condition. Although he has limitations, he does enjoy a good quality of life thanks to the excellent service provided by these two wonderful practitioners.

These are only two examples over many years. We do have a local GP whom we consult for things such as x/ray or blood test referrals, diabetes monitoring and disabled parking applications etc. Most of the 5-10 minute consultation is spent entering information on the computer. She is pleasant, obviously knowledgeable and caring but, from experience, it's not possible to mention any alternative advice or treatment we have received without damaging the relationship we have with this GP.

I object strongly to the changes proposed and the ongoing interference of 'modern medicine' authorities in the legitimate affairs of traditional/complementary practitioners and their patients. I have the greatest respect for these practitioners who manage their patients with expertise and knowledge outside the narrow confines of 'modern medicine' where ignorance seems to equate to 'it doesn't work' or 'it's all in your head'.

In my opinion, these changes to current guidelines would require integrative medical practitioners to provide (according to their current practice, experience and expertise), substandard treatments to their patients. Such treatments for many people are what drove them to seek an 'alternative' or

integrative practitioner in the first place. For my family to not be able to continue to access such an exemplary level of care would be absolutely devastating.

Because of our objection to the government's stance on coerced medication, and changes to vaccination rules, my daughter is ineligible to receive government child payments, even though they immunise their children homeopathically. My grandchildren are denied a pre-school education and entry to child care services. In turn, my daughter is unable to participate in the workforce (so much for 'inclusion'). The changes proposed by the Medical Board seem to be the next step in denying us the freedom to choose how we manage our health, and make informed decisions about what goes into our bodies, including prescription drugs versus homeopathic remedies.

By all means, investigate complaints about dodgy practitioners. There are shonks in every profession. But leave those who care for their patients in a more holistic and open-minded way, as many of us demand, to think beyond the government and Medical Board's dictatorial boundaries and treat us in safe traditional and alternative/complementary ways. We have a right to be treated by the practitioner of our choice, whom we trust, using the methods we agree to, that we are happy to pay for because we see the value we are getting for our money. 'Conventional' or 'complementary' medicine – both have great benefits – or the integration of both, it should be our choice.

Perhaps if the Board and its members were open to educating themselves in the traditions and methods of alternative medicine, rather than trying to ban everything they don't understand or that threatens their monopoly, they may truly live up to their stated ideal of 'doing no harm'. If these changes are approved they will surely be initiating a great deal of harm to a great many people.

Looking at published data on incidents of harm, near misses and avoidable deaths in NSW hospitals alone (for whatever reason), I would think that is an area of urgent focus for the Medical Board rather than causing unnecessary anxiety to people who prefer a different type of health care than the Board promotes, and those practitioners who take the challenge and educate themselves further about 'alternative' methods so they can provide the best mix of care possible for their patients.

For the above reasons, I request the following option be selected:

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.

Yours sincerely,

██████████ (I request that my name not be published)

██████████

██████████████████

██████████████████████████████



Jun 16 2019

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

What is a “medical practitioner”?

The consultation document firstly fails to give a definition of a “medical practitioner” which is very clearly not defined and up for interpretation through the entire document. This is a major issue as each submission can define it to suit their own interpretation. Requesting an actual definition from AHPRA failed to gain any information to define the term. Simply they did not know.

I have taken a “medical practitioner” for the purposes of this paper to be a registered medical doctor under Medicare. I do not include naturopathy, iridology and similar practitioners who are not medical doctors.

The AHPRA preferred option 2 gives me considerable concern because it removes the possibilities for “alternative” (unconventional) treatments which are available at the moment in conjunction with “normal” (conventional) medical treatments. Medical practitioners should be able to use a mix of treatments available for their patients because they are treating patients with the best options for their individual health. Conventional medicine does not work for everyone and removing the options for medical practitioners to use alternatives is totally unacceptable. Medical practitioners should be able to utilise their professional judgement and knowledge of their patient when making treatment decisions, in consultation with the patient. The government has recently announced funding for the management of chronic pain which is targeted at reducing dependence on addictive pain killers and using other treatments such as physiotherapy and meditation. The preferred option does not appear to contemplate such an approach by registered medical practitioners.

If AHPRA take away this then they are responsible for ensuring patients are not given the best treatment choices for them, individually. It also calls into question of what, if any, advances will occur in Australian medicine in the future should Option 2 be put in place.

This policy and document appears to be flawed and catering to the narrow minded interests of “old fashioned” / conventional medical practitioners who see no benefit in anything different to what they learned in their initial training and are not open to any changes in the future. It is a closed mind document.

The quotes used in the document also indicate an agenda which is political as demonstrated by the phrase “politically dominant health system”. Politics appears to be involved in this discussion paper and the politics being utilised is the one held by, for want of a better term, conservatives in the medical field who do not accept



anything outside their immediate knowledge and understanding. This will be detrimental to the health and well-being of Australians if this conservatism is permitted to predominate in medical practice. Research and evidence gathering is essential to verify, or not, the claims of those who practise medicine. The practitioners must be registered and groups such as the Australian Integrative Medicine Association must be permitted to continue practicing utilising their methods and practices which are evidence based.

Personal experience dictates this as when a group of GPs decide there is something not right and then refer a patient to someone who does integrative practice of medicine and the resultant consultations provide legitimate diagnoses and treatment the evidence from even the one patient should be recognised. It then becomes clearer when other patients are discovered and improvements noted and also no deteriorations noted or slowed.

The Questions.

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.

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

I do not agree with the term "complementary and unconventional medicine and emerging treatments" as the interpretations available can be exceedingly narrow or equally enormously broad. It is similar to the board's undefined term "medical practitioner".

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

The definition provided is so broad it is all encompassing and does not allow for any variations of any kind and thus will not permit medical practitioners to try something they have found could assist their individual patient. It will not encourage medical practitioners to step outside conventional practices for the benefit of their patients. It could mean that the patient is told "there is nothing further we can do for you". That would be a travesty for the patient and their family and friends. This is a narrow and ill-considered enforcement of conventional medicine which in the world of today is unacceptable. It also fails to acknowledge that treatments, whether conventional or emerging, medical or complimentary, need to be based on rigorous research and trial



evidence that has been peer reviewed. This is a fundamental flaw in the definition offered.

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'?

Questioning the "practice" of some of the individuals in the unconventional fields – kinesiology, homeopathy, naturopathy, Reiki, and energy therapies can be sustainable but unless there is evidence then non-acceptance has potential issues. Putting acupuncture and other regulated / registered practices into the same category does them a miss service as they have been accepted in the "politically dominant health system" and many patients know they work for them. Having acupuncture regularly is far more advantageous than having to rely on painkilling medications for arthritis and regular back pain.

The "political" medical establishment does not accept Lyme disease in Australia yet there are a number of patients around the country reliant on integrative medical practitioners and the proposal will remove these practitioners because they are not conventional medicine – they look after the needs of their patients when everyone else has given up. It appears the "political" medical establishment does not want to accept anything outside their conventional beliefs. Chronic Fatigue treatment and the actual condition were unacceptable a few years ago but has far more recognition now. It is doubtful this would happen under what is now proposed.

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?

The Board has identified a number of "complementary and unconventional medicine and emerging treatments" some of which are of concern but others which have been accepted by the "politically dominant health system". As such they have been accepted by Medicare and many patients and medical practitioners. They should not be included in this category. Other practices and treatments under those categories do need to be evidence based and be the subject of valid research and study to decide if they are to be considered as appropriate treatments provided by practitioners to their patients. This is where the definition of medical practitioner needs to be carefully and clearly defined, which is not defined in the discussion paper or even provided upon contacting the Medical Board of Australia.

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

Simply, yes, especially if they are not the subject of evidence and continuing research and development. This is the only way we will obtain the evidence and be able to make informed decisions as to whether they are valid treatments and practices or they do more harm. A number of bodies / companies have set up



research grants and even sponsor academic research on, for example, complimentary medicines. One such example is Blackmores which has set up the Blackmores Institute and also offers grants and partners with universities enabling research, something that will ultimately be evidence based. The policy and practices of the Medical Board of Australia need to be dynamic and able to adapt quickly to new information, practices and treatments. Once something is found to be safe and effective it should be made available as well as the essential training in the implementation and practice of the new material.

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

Not being a medical practitioner there can be no relevant information provided under this heading.

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?

Generally this would appear to be the case but the definition of "medical practitioner" need to be very carefully defined and should cover the medical professionals who practice "inclusive medicine" as they work with the medically qualified doctors and many of these doctors have training and experience outside the "normal" range of medical training. Option One is the preferred option as it is the option that will permit the Medical Board of Australia to be dynamic and responsive to new and innovative therapies once they have been researched and the evidence of safety is available. It also means that should negative evidence become available then once again immediate action can be taken to stop such therapies and obtain further research.

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

Guidelines, are just that and should not be prescriptive. If there are essential decisions to be made then Guidelines can be altered, changed and deleted, quickly. This is what being dynamic means and the medical community must be and remain a dynamic community as there is always new information. Regular updating and training is essential for all medical practitioners, as with most other professional categories. Minimum levels of competency are needed for registration and there should be a level of categories within registration requirements. Possibly, the list of categories and registrants can be included in each category that they have the required competencies and maintenance of those competencies. This would be separate to the Guidelines. Should a practitioner lose registration they can be removed from the category as determined – e. g. for a period of time, until competencies are met, permanently removed.

9. The Board seeks feedback on the draft guidelines (option two) – are there elements of the draft

[REDACTED]

guidelines that should be amended? Is there additional guidance that should be included?

The draft guidelines are not appropriate and thus there is no further comment on this point.

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

Has the Board actually been carrying out its required duties as expected? Is this why there is this discussion paper? A number of the unconventional and alternative practices have been permitted to develop without full regulation and this seems to be a catch up and designed to be a catch all process. Registration and regulation should have been in place for a long time but only groups like medical doctors and specialists, chiropractors, etc. have registration boards and some regulation. All the other sub medical professions need to be similarly registered, have regulations applied and set levels for registration and even advanced recognition of experience and training. This should give more confidence and remove those who are not truly practising for the benefit of their patients.

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

- Option one – Retain the status quo of providing general guidance about the Board's expectations of medical practitioners who provide complementary and unconventional medicine and emerging treatments via the Board's approved code of conduct.
- Option 2 - Strengthen current guidance for medical practitioners who provide complementary and unconventional medicine and emerging treatments through practice-specific guidelines that clearly articulate the Board's expectations of all medical practitioners and supplement the Board's *Good medical practice: A code of conduct for doctors in Australia*.
- Other – please specify.

The implementation of Option 2 is of concern and it is felt that Option One is better with the registration, regulation and guidelines to be developed and brought in over a period of say five years but that means all the preliminary steps would need to be completed well in advance so that a full, dynamic and pertinent set of policies and documents, regulations and guidelines are available in advance, This will assist in the training of new “medical practitioners” and offer time for those already practicing to gain the necessary competency recognition and registration. There would need to be a regular review process where all practitioners are assessed and reassessed just like the process in many sports with their official positions – reassessment every 4 to 5 years and if one does not pass the competency then they lose the registration. As with “medical practitioners”, they must keep their accreditation up to date and be up with the regular changes that come through from local and International bodies. This applies to “medical practitioners” and the sporting officials. This also shows a dynamic process and it is “live” which is what we need with the speed of advances and changes in the world of today.



Conflicts of Interest are of concern and professional ethics should be a factor here. If the practitioner fails on this then they should be investigated and removed from the register if necessary.

Professional Code of Conduct issues with prescribing anabolic steroids and testosterone are mentioned in the documentation and this should be dealt with by the Medical Board of Australia by suspending registration or limiting practice until the legal decision is made about the conduct issues.

Issues with other bodies and their regulations and operations need to be considered as part of the entire picture of this area of health of the nation.

In putting forward agreement to Option One I note there is no timeframe for implementation and only review of the guidelines every five years. This does not mean there is a dynamic document able to deal with advances and current information. The document also mention "other Boards' meaning the registration Boards. If we have medical practitioners then all who purport to be medical practitioners should be registered and come under the auspices of that Board and then under an overarching Board, or make it simple as suggested before have a set of standards and have those who have the appropriate qualifications, experience and knowledge can be registered under the different sets of requirements. Along with this they must be continually training and upgrading to keep up to date and failure to do so will result in being deregistered from that or multiple sets of the registrations.

From: [REDACTED]
Sent: Sunday, 30 June 2019 9:12 AM
To: medboardconsultation
Subject: Submission for Consumer Choice

1. I support people's choice of choosing an integrative approach to health - both integrative doctor and complementary medicines.
2. I reject a separate set of guidelines for these medically trained doctors.

Reasons: My health care has always been a complex picture for many years and despite multiple specialist referrals and back to my local GP I felt as though no-one was getting the bottom of what was going on and that I was being passed from one doctor to another as each has their specialist training I tried to get the support I needed but reached a crisis point when I was ready to give up as no-one seemed to understand what was happening for me. I was exhausted. Quality of life near zero. I value the multi-faceted aspect at looking at what is going on and starting to look at the overall picture rather than just one symptom.

I maintain a traditionally trained doctor who I trust and value and also share my journey with integrative health as I am open and honest and value her part in my health care.

Having an integrative approach has begun a reversal of this It is early days there and still have a way to go but at least now I am not being written off as its all in your head. My body is starting to work better.

I choose 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 am happy for this to be published as long as my anonymity is respected as I value both my regular doctor and specialists as well as the integrative doctors.

With the deepest regard for humanity,
[REDACTED]

From: [REDACTED]
Sent: Thursday, 9 May 2019 11:58 AM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

To the Medical Board of Australia,

I support Option 1.

I am deeply offended by the campaign launched by the medical board against complementary and unconventional doctors. These are professional, highly trained, ethical and caring individuals who are simply trying to do the best to bring their patients to health, using all of the latest information available to them.

Unlike the standard run of the mill doctors, complementary and unconventional medical doctors have dedicated much of their personal time to learn the latest in cellular biology, genetic mutations and their role in biochemistry, environmental science and its effects on our bodies. They rely on evidence based medicine. In my experience of over 15 years of dealing with complex chronic illness, no less than a pragmatic and wide-reaching knowledge and practice can help the long term sufferers in our society (who, by the way, constitute a significant drain on the health services budget!)

In 10-15 minutes, which is the standard appointment, it's impossible for a doctor to take a comprehensive history, much less manage complex interrelated conditions because the symptoms are consistently vague, such as "fatigue" or "generalised pain". Many current dysfunctions cannot be placed into neat diagnostic boxes with disease labels on them and fixed protocols. For example those with a range of inherited genetic disorders, combined with the current stresses of modern life (such as the ubiquitous presence of health-compromising chemicals that we interact with daily) find these genetic mutations are a major contributor to their presenting condition. GP's particularly are not trained (especially with short consultations) to manage this level of highly complex medicine.

Medicine is constantly changing and specialising. Research is ongoing in many areas. In my experience of consulting Complementary Trained Medical Doctors, I have found they only diagnose and prescribe treatment based on highly respected evidence and research. They are always able to show the reasons for their management and often provide double blind research papers to support their opinion. They often use nutritional supplements to treat the condition because these have been shown to be the only substances to effect the cellular change required. There is no prescription medicine which can produce the desired outcome.

The Medical Board needs to embrace this evolving area of medical expertise to support this group of doctors who are providing great benefit to a growing population with complex chronic conditions. Tightening their regulation will not stop the public using them, as the suffering public have exhausted most other avenues without relief from standard doctors who give 10 -15 minute consultations.

I consent to publication of my submission without my name.

Regards,
[REDACTED]

From: [REDACTED]
Sent: Wednesday, 1 May 2019 9:23 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

As an Australian citizen I believe 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 had severe gut issues following a bout of Giardia after a trip to Ecuador. I ended up with very low energy levels as well as problems with dairy and gluten intolerance. I have also had long term issues with anxiety and urinary tract infections (UTIs).

Conventional medical doctors have not been able to successfully treat my conditions and bring me to a satisfactory level of health.

Pharmaceuticals and the use of conventional methods simply did not work and also delivered unwanted side-effects - ie:

- the antibiotics led to recurrent thrush; and
- the antidepressant has caused severe sweating, weight gain, constipation and sun sensitivity

and seems to me to be a 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 conditions began to improve. I now have higher energy levels, I have reduced my anti-depressant dose and have not had a UTI for many months. But I still have a long way to go to attain the health levels that I desire.

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.

I am very concerned. I don't wish to put antibiotics and other chemicals into my body when I know that vitamins, minerals and diet and lifestyle changes work much better.

[REDACTED]
1 May 2019

From: [REDACTED]
Sent: Saturday, 9 March 2019 2:00 PM
To: medboardconsultation
Subject: Public consultation on complimentary and unconventional medicine and emerging treatments

Hello,

I would like to let you know that without compounding medications my life would return to a very debilitating and unhappy existence. My GP was open to the idea of trying different therapies to get my health back on track after a thyroid removal. I do not convert T-4 into T3 so I need to take NDT which is compounded. I also take LDN which is a compound medication again which has enabled me to work and participate in normal every day activities again. My children and husband are pleased to have me back.

If Compound chemists are abolished you will leave us with no option but to source products from overseas online. This is very very unsafe.

Please do not take away my life.

Anonymous Thyroid autoimmune sufferer.

--

Regards

[REDACTED]

Complementary and unconventional medicine and emerging treatments.

Some personal reflections and comments from my own practice and my observation of practitioners around me.

- **Definition and nomenclature:** The terms Complementary and Integrative are valid if used appropriately. The term 'alternative' suggests a treatment that may be odd, fringe or be a substitute for another treatment and be somewhat 'out there' and out of the domain of good practice. I feel this term is not safe or one that invites *reasonable* confidence.
- All Integrative/Complementary treatments should be subject to T.G.A. approval as no chemical is 'above the law' and the patient needs objective confidence that at least the therapy will not cause harm, even though it may not be effective for the purpose that it is being employed.
- The fact that the A.M.A. does not recognise these agents / therapies as part of conventional therapy or *valid* is often due to the fact that many medical practitioners are not willing to look outside the confines of traditional medical school-taught therapies. An unpreparedness to explore and study and discover other therapy options for our patients can have negative consequences if we are to label everything we don't know about or understand well as 'invalid'. Absence of knowledge should not then be a reason to declare that something will not work. One should admit an area of knowledge limitation rather than judge it self-righteously as a waste of time and money etc. Absence of knowledge is not necessarily absence of evidence.

- I would hope that all good medical practitioners would have a desire to keep learning and expand their horizons. This is progress and if one has good/strong fundamental training and knowledge in anatomy, chemistry and physiology then we are better able to discern the possible validity of a 'complementary' treatment.
- I feel patients are much safer to explore these complementary /integrative treatments with a medically trained practitioner rather than a naturopath, if the medico involved also has trained and studied herbal and /or nutritional medicine. If the medico is 'integrative' it gives the patient a better choice of treatment options and empowers them in being involved in their treatment. It also gives me a greater sense of being able to assist the patient more wholly in their quest for the most appropriate and least harmful treatment.
- **Concern areas:** # Bio-identical HRT, which is pushed often by medicos who do weekend training courses with the A.I.M.A. I have observed that many patients believe these agents are not drugs and are not informed of potential risks and also understand the expense that is incurred with this treatment. Most believe they are taking/using a 'natural 'remedy!

Medicare/tax-payer funding extremely extensive hormone and vitamin levels, which may be repeated on many occasions over a 12-month period. Also, medicos ordering tests for patients because their naturopath has designated them as necessary.

Medicos omitting to apply good medical assessment of the patient and utilising good clinical acumen in history and examination. These practices are surely the great advantage

the patient has, when attending an 'integrative' medico rather than a naturopath etc.

Pseudo-science and the latest Google trends that have patients coming and requesting various tests and treatments. Again, it is vital that a good 'integrative' medico keeps abreast as much as possible of this and is prepared to counsel and explore the reality of these trends. Globally dismissing these trends as total rubbish is not the best way to counsel the patient, unless one demonstrates to the patient that we can be there to give a considered educated opinion .

Kinesiology and the ready diagnosis of allergies and nutritional deficiency by this methodology. I have often been asked by a patient to order various tests because a kinesiologist has made such a diagnosis and it needs validating. I feel this is not good practice and can cause great concern for a patient or have them want to stop some of their medications.

*** Obligations:**

I feel it is vital that any complementary/integrative medico uphold good fundamental medical knowledge and adhere to good practice and patient assessment.

We need to respect the patient's purse

Any useful treatment must be practical and doable and sustainable.

Dabbling at the *fringe* of a complementary field is not ideal and one cannot know enough about them to give sage advice or to dismiss them off handily. I feel I have a great obligation to attend regularly education/update seminars and webinars to offer quality and safety in complementary/integrative therapies as well as in my mainstream medical practice.

14th May, 2019

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,

I am deeply concerned about the proposed changes to the guidelines regarding medical practitioners who provide complementary and unconventional medicine and emerging treatments. I do not agree with these proposed changes, and wish to put forward my preference for Option 1 as outlined in the Public Consultation Paper.

I was bitten by a paralysis tick in Brisbane QLD in January 2018. I had a classic Erythema Migrans (bull's eye) rash at the bite site, then developed flu like symptoms that continued to worsen and expand over a period of several months to devolve into the symptom complex that I now understand to be consistent with 'Chronic Lyme Disease'. I went from an active and outgoing participant in society to entirely bed bound in this period with a myriad of debilitating symptoms across a range of body systems. I sought care from over a dozen conventional doctors and specialists and underwent numerous tests in an attempt to find the cause of and treatment for my illness. Despite aberrant test results indicating infection I was offered no diagnosis, a script for an anti-inflammatory (celecoxib) and no other treatment options. I eventually independently ordered Lyme panel tests from Australian Biologics Testing where I tested positive to Borrelia infection. When I presented my Borrelia positive test results to some medical practitioners I was surprised to be summarily rejected from clinics with no care or follow up treatment offered at all, at a time when I was severely ill. My family GP of 15 years tearfully told me she was unable to treat me due to the climate around Lyme disease imposed by APHRA, and advised me to seek help elsewhere. This was when I truly understood the discrimination that people suffering from Tick Borne Disease (TBD) in Australia were up against, enforced by the Medical Board of Australia and APHRA.

I eventually found an Integrative Practitioner who was willing to take me on as a patient who prescribed a number of complimentary and emerging medicines to treat my illness. With absolute certainty I can say that the treatment provided to me by my highly educated Integrative Practitioner has been very effective, and it has been provided with clear explanation of treatment options with merits, downsides and risk consideration. Indeed, my Integrative Practitioner is far more thorough than any conventional GP I have ever encountered and I am extremely grateful that they continue to provide care to patients like myself at the risk of professional reprisal from Boards such as your own. This treatment has provided significant relief from my severely debilitating symptom complex and has enabled me leave my bed to participate in family life and function within society.

I was astonished to read in your proposal that Lyme-Like / Tick Borne Disease (TBD) has been singled out with the intent to further delay and deny any treatment options to the many people affected by this disease. It is ludicrous that the medical fraternity continues to emphatically deny that TBD may be contracted within Australia in the face of so many patient and doctor reports to the contrary. I note my own experience, along with the many submissions made to the Senate Inquiry in 2016 and the data continuously collected by the Lyme disease Association of Australia (LDAA). It is unprofessional conduct for the Medical Board of Australia to actively discriminate against persons suffering with TBD and the few doctors willing to treat this very real disease. I appreciate that further study and clinical trials are required to identify the details of this infection, and I await with anticipation the outcome of the \$3m allocated to TBD research following the 2016 Senate Inquiry, but I cannot wait 5 years for the results of these studies when I need treatment right now.

Internationally, treatment protocols are being developed and delivered to patients suffering TBD in response to peer reviewed research - I note especially the work of Dr Richard Horowitz, patron of the LDAA. Why the Medical Board of Australia and APHRA would restrict our 'literate' doctors from utilising these innovative resources when no conventional pharmaceutical approach exists to address this illness is tantamount to denial of care and contravenes my 'Right to Health' under the UN's [International Covenant on Economic Social and](#)

[Cultural Rights \(ICESCR\)](#). Other countries embrace the use of complimentary medicine and off label prescription medicines alongside conventional practice - it would be a great shame to see Australia devolve to a pharmaceutical and insurance company controlled model denying innovation and progressive medical practice.

I place considerable importance on having the freedom to choose the medical care that I use to treat my chronic health issues, and the ability of registered medical practitioners to provide it by way of conventional, complimentary and emerging medicines. If these choices are denied to me I will be unable to be effectively treated in Australia and will be required to seek treatment overseas. It is obviously my preference to be able to access treatment here in Australia. I would fully expect in a developed country like Australia that I can access cutting edge treatment for any illness I presented with. I object to The Medical Board of Australia and APHRA using incomplete, antiquated and inflexible ideology surrounding TBD that clearly requires an urgent and compassionate response from the medical community, and the absence of which directly jeopardises my quality of life.

I strongly recommend you retain option 1 as laid out in your Public Consultation document, and further, I would recommend you approach the matter of Tick Borne Disease in our country with respect, care and urgency to allow patients access to innovative treatment and emerging medicines as is currently occurring on a global scale, as opposed to the inhumane denial of treatment you seek to impose.

*If you wish to publish this submission I request you withhold my name, and that it may only be published in full, with my name only withheld.

Yours sincerely



From: [REDACTED]
Sent: Thursday, 4 April 2019 7:17 PM
To: medboardconsultation
Subject: My concerns regarding the 'Consultation on complementary and unconventional medicine and emerging treatments'

Dear Medical Board Consultation,

I have just heard that there is a 'Consultation on complementary and unconventional medicine and emerging treatments'. I am concerned that the outcomes of this will impact my family's ability to determine our own medical care and create confusion and reluctance from practitioners offering integrative medicine.

I have been a patient of 'conventional' medical practitioners and a patient of 'integrative' medical practitioners. I have received great assistance from the latter after years of serious but undiagnosed conditions by conventional medicine, along with misdiagnosis, some unnecessary operations and 'conventional' treatments that worsened the situation. Integrative medical practitioners have provided clear diagnosis through blood and hospital tests, along with evidence-based practices to address them. I am concerned to hear of any move to add further regulations on IM practitioners or in grouping 'integrative medicine' with 'unconventional medicine' and 'emerging treatments', or, for that matter, any attempt to try to highlight conventional medicine as better or safer.

The complaints the Board has highlighted, being:

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

- for which the safety and efficacy are not known
- which may be unnecessary
- that expose them to serious side-effects, and
- that may result in delayed access to more effective treatment options."... **could just as readily be applied to many conventional treatments.**

The definition being proposed for complementary and unconventional medicine and emerging treatments is "...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 clearly puts integrative practitioners in this category. Also, the Board should remember through the lessons of history that medicine is 'practice' and changes over time. It is distressing to see that the Board is trying to make a distinction between practitioners based on treatments used than health outcomes. If health outcomes were being reviewed then 'conventional medicine' would also be in question.

It's also disappointing that the consultation is being done in such a way that the customers of these services, like myself and my family, have not been aware of what is being considered (and only aware after the fact).

It is extremely narrow-minded to think that one type of medical practice has all the answers for the human body and mind. Or that patients need to be more protected from 'unconventional' than 'conventional' medicine. There are already enough protections in place for patients through the "Good Medical Practice: A code of Conduct for Doctors in Australia" and adding further labels, tiers or adding restrictions will negatively impact a large portion of the people of Australia. **It is important to remember that the term 'complementary medicine' also includes access to any traditional medicine.** Unless a person's traditional medicine happens to be 'conventional', changes to rules or grouping will have a wide-reaching negative impact with the potential to confuse patients and practitioners. It also opens up various professions and patients to criticism based on differences of opinion rather than facts. Many other countries are more advanced than Australia in their thinking about integrative and complementary medicine. We have a 'conventional' doctor in the family and would hope that Australia goes on a path of broadening the public's

understanding and student training of what is medicine rather than creating definitions that emphasise 'conventional' medicine over alternatives.

It would be a terrible thing for Australia to become a place where people's opinions and their view of 'conventional' versus 'unconventional' medicine impacts what practitioners are willing to offer and the treatment patients can receive. This will have worse negative health implications than the concerns the Board raises.

I understand that there has been no consultation with the Integrative Medicine or complementary medicine community before releasing findings. This feels very much like a witch hunt rather than a true effort to increase the health of patients and decrease risk.

Please support my rights and my family's rights to any medical practice of my choice *and the rights of my highly skilled, medically trained, Integrative Medical Doctor* by not creating further regulations. Over the years I have seen many doctors and practitioners restricted in the help they offer, fearful of the perception of their medical colleagues. This is wrong for doctors and wrong for patients. I would support the Board investigating doctor abuse of patients, or doctors or surgeons pushing pharmaceutical medications and operations that have less evidence-based success than alternative practices. However, I cannot support the board's proposed definition or the idea of regulating Integrative Doctors.

Kind regards, [REDACTED]

-

[Redacted]

Executive Officer
Medical – AHPRA
GPO Box 9958
Melbourne 3001
Victoria

medboardconsultation@ahpra.gov.au

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

To Whom it May Concern,

Please find below the submission of [Redacted] and [Redacted] pertaining to your consultation paper published in February 2019.

We both have diagnoses of Lyme Disease, location of acquisition for [Redacted] is unknown; [Redacted] was acquired overseas in 1997. We have both had to interact with many facets of the medical system in Victoria over a long period including: an Emergency Department, Surgical units, various Specialists, Mental Health Professionals, Local GP's, Integrative Medical Practitioners (or Integrative GP's) and Lyme Literate Medical Doctors (LLMD's).

We thank you for the opportunity for the public to make submissions to this enquiry as it is something that is of great concern to us and will greatly affect our wellbeing going forward should your desired outcome (Option 2) come to pass. The targeting of doctors in this country who treat Lyme Disease/Tick Borne Infections has resulted in many no longer being able to practice or practice in a limited capacity with many others no longer treating those with the diagnosis due to fear that your gaze will be turned in their direction.

We would request confidentiality in regards to our submission; we do not provide consent for our names to be published and request that our names and contact information are redacted from this document prior to publication. This cover letter is part of our submission and so should be included.

We are happy to provide any additional assistance to the board and can be contacted via the below details.

Yours Sincerely,

[Redacted] & [Redacted]
[Redacted] [Redacted]
[Redacted] [Redacted]

Questions for consideration

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

If not, how should it be defined?

We do not agree with the proposed definition. The definition should be revised as it has been in other countries (eg Switzerland) where these inventions are simply combined as they are all just medicine. These treatments should not be considered unconventional and they are not in many countries around the world. Unfortunately Australia is far from progressive when it comes to the medical field as a whole and this is unlikely to change if this consultation is any indication. Integrative medicine, where a person is looked at as a whole (and not one organ, or system) and all known treatment modalities available are considered, with a fully informed and consenting patient making the final decision should be considered best practice. This is not what currently happens in your suburban medical practices or metropolitan hospitals.

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’?

The fact that Lyme Disease has been so extensively targeted within this consultation is extremely alarming and concerning and is leading us to question the motives behind this process altogether. The Senate Inquiry of 2016 is mentioned (p16, reference 51) and it is our belief that if the MBA had listened to the exhaustive evidence provided by those who are unwell and the medical professionals who actually help (as opposed to hinder) their treatment then you should be aware of the dearth of options currently available for treatment in this country. Instead of doing what you can to promote and support the development of awareness, you are engaging in scare mongering tactics so that doctors who are able to assist these patients who are well educated and have considerable expertise in this area are either deregistered or are no longer willing to treat us due to fear of losing their licenses.

Issues

Concerns as to practices include:

‘Poor patient management’

This has only arisen for us in regards to interactions with regular GP’s* and not with those practicing ‘complementary and unconventional medicine and emerging treatments’.

Areas of practice:

‘Complementary and Alternative Medicine’

* Regular GP denotes a medical doctor registered as a General Practitioner in Australia without any

In our experience patients usually end up working with an Integrative Practitioner when they have come to the conclusion that the medical profession has been unable to help them. This is unfortunate as Integrative Medicine should be considered best practice as it upholds the stance that all options for treatment are to be presented to the patient and fully explained so that the individual is then able to make a truly informed decision about their path forward. As mentioned previously, a patient's health and wellbeing is also considered in its entirety, rather than only one organ or system being addressed at a time. It is such a shame that this approach is not the norm early in people's health journey when they are more likely to experience partial or full recovery than in later stages of illness when significant decline and disability is more likely to be present and permanent. Despite this, Integrative Practitioners have from our experience, been far better equipped to assist people with chronic health conditions than any other medical professional. They should not be singled out and having to name themselves in such a way, rather this should be the way in which all medical professionals are trained and conduct their practice. The example you use around using 'alternative' treatments for cancer as opposed to 'conventional' therapies raises an interesting point as conventional therapies have (generally speaking) a poor prognosis for life expectancy and most importantly wreak havoc on a person's body which may not be their desired outcome. Other treatment options aside from the 'conventional' are rarely (if ever) discussed appropriately with the patient; once again the diametrically opposed outcome to which this discussion paper purports to be based upon is the patient's actual experience. Before engaging in chemotherapy for instance a risk/reward decision is made and we do not see why this would not be applied consistently to all treatments. It also seems that a great deal of cherry picking is engaged in when it comes to what is considered an evidence based treatment versus 'snake oil' by mainstream medicine. It is not lost on us that this is most often guided by the bottom line of pharmaceutical companies as opposed to what is most efficacious and minimally invasive for patients.

'Lyme-like illness and Lyme Disease'

Your mention of the use of "non-accredited laboratories" for testing is of great concern to us. Overseas laboratories that are mostly used for testing for Lyme Disease (eg Igenex, Armin Labs and DNA Connexions) are accredited in their own countries and these countries have comparable standards of practice to Australia. Overseas labs are often used due to the varied strains of *Borrelia* that can cause Lyme Disease as well as their far greater experience and expertise in this area than labs in Australia. Science has clearly shown that false positives in regards to Lyme testing, particularly in the context of clinical symptoms are rare, however, false negatives are incredibly common. Something for you to be cognisant of when considering results obtained from Australian Laboratories.

As you should be well aware the international guidelines for the treatment of Lyme Disease are contentious around the world due to the insurmountable evidence that short term antibiotic use for the treatment of *Borrelia* infection (particularly when it is not diagnosed early) is completely ineffective. In fact in recent years the National Guideline Clearinghouse (NGC) in the USA has removed the Infectious Disease Society of America (IDSA) Lyme treatment guidelines whilst leaving those published by the International Lyme and Associated Diseases Society (ILADS) in place. The IDSA guidelines suggest only a relatively short period of antibiotics is required and that ongoing or chronic infection does not exist. A complete review of all treatment guidelines is required before any patients are automatically cut off from potentially life saving treatment due to an arbitrary period of treatment as opposed to a change in symptom profile.

Antibiotic treatment is not effective (or has too many side effects) for many people with long standing infection and so greater support for and awareness of other treatment modalities is needed. If these guidelines are implemented this will drive doctors away from using 'complementary

* Regular GP denotes a medical doctor registered as a General Practitioner in Australia without any

and unconventional medicine and emerging treatments' due to fear of inappropriate and intense scrutiny, though this is most likely your motivation for the new guidelines which we assure you is not lost on anyone.

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

It is our opinion that additional safeguards are not required for patients who seek 'complementary and unconventional and emerging treatments'. This opinion is based on extensive personal experience navigating and interacting with various areas of the medical profession over the past 20 years. On the contrary to the thrust of this consultation paper, it is our experience that the opposite has been found to be true, regular GP's* have been quick to diagnose and prescribe prescriptions/treatments without fully explaining the possible side effects, financial costs or long term implications. They are also unlikely to find the root causes for illness or have the knowledge (or interest) to treat the health condition or research options for the patient when the treatments they are aware of have been exhausted. This lack of comprehensive assessment and understanding of the interplay between various symptoms/issues by regular GP's* can have life threatening implications which we have unfortunately observed first hand. At minimum it leaves the individual without proper treatment and their condition is at best stable, or more than likely continues to decline.

It has been our experience that Integrative GP's have been the only medical professionals that we have interacted with who have been able to properly diagnose our symptoms and provide us with any treatment that has improved our health. The regular GP's* we have seen over the years are the one's you should be most concerned about. Their knowledge of anything outside of a broken arm or the common cold is minimal and the majority are so overworked and burnt out that they do not have the time (or the interest) to explore their learning edges. This is aside from the international issue of appropriate treatment guidelines for Lyme Disease and the head in the sand approach the Australian Government and Medical Board are taking to its presence in this country.

What should be of greater concern is that due to the lack of treatment availability for Lyme Disease in this country, many patients are travelling overseas at great cost to them. There are some very reputable clinics that provide wonderful treatment at high prices which the majority cannot afford so many will choose a less expensive option which may not have the same safety standards in place. We have sought treatment at a clinic overseas which we found to be very beneficial and far more cost affective than having the same treatments in Australia. Unsurprisingly to us, the medical staff that we encountered at the clinic could not fathom why a country such as Australia was treating such chronically ill and vulnerable people in the manner that they are.

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

In writing this submission we (and many other patients in this country with diagnosed Tick Born Diseases) immediately came to the conclusion that it was not safe to cite the names of doctors or clinics at which we receive treatment due to the unjustified scrutiny and bullying tactics that have been undertaken by the MBA in the past as well as from other health professionals. We will, however, make an exception to this as [REDACTED]

[REDACTED]. We would like to state for the record that we have both been patients of [REDACTED] and have always been treated with the utmost care and concern for our health. He has always conducted himself appropriately, explaining all treatment options available to us and the associated pros/cons as well as the purpose behind any investigations conducted. We are greatly angered by the manner in which these sanctions unfolded which left many incredibly vulnerable patients without the treatment they

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needed to survive. Suicide is an immensely serious result of Lyme Disease due to the despair that many patients feel due to the often lengthy process it takes for them to even be diagnosed, for them then to discover the lack of support and treatment options available to them in this country. To say that several suicides have taken place in [REDACTED] as a result of these sanctions would not be out of the question and [REDACTED] is in no way responsible for this as he is well regarded for going above and beyond the call of duty to ensure his patients receive the care they require. You took this capacity out of his hands without adequate alternatives in place and for that you should be ashamed.

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?

It is our opinion that this group of medical practitioners do not require additional scrutiny over and above that which is already in place for all registered medical professionals. As with all registered professionals they should be engaging in ongoing professional development and not practicing outside their area of expertise.

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

We propose a third option where Integrative Medicine (ie the use of all evidence based interventions) is accepted as best practice. Integrative GP's by their very definition work on improving a patient's whole lifestyle by asking them to take responsibility for their health and actively engage in choosing their personal path to wellness. Prevention is seen as a key component as well as tailoring of treatment interventions to the individual rather than tailoring them to the 'disease'. The Board seems to want passive patients that do what they are told by their doctors rather than being active participants in control of their health and wellbeing. As outlined in other sections of our submission, all evidence based and emerging interventions should be presented in an unbiased manner to the patient to ensure that they have total autonomy over their chosen treatment options with any associated risks being known. Ultimately a doctor can recommend what they think is best, however, the end goal should always be that the patient has the final say via fully informed consent. This often does not occur when a patient's goals for their wellbeing do not align with those of the medical professional, often resulting in their ego being drawn out and a patient treated punitively for making their own informed choices.

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?

We feel that the option that best addresses the issues identified is either Option one or the option that we have proposed under question 10.

* Regular GP denotes a medical doctor registered as a General Practitioner in Australia without any

[REDACTED]
[REDACTED]
[REDACTED]
29 June 2019

Medical Board of Australia Consultation Committee

Re: Consultation on complementary and unconventional medicine and emerging treatments

I believe 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, to be the most appropriate of the two options.

I have been consulting a doctor who is a Fellow of the Australian College of Nutritional and Environmental Medicine (ACNEM) for several years now. More recently I have changed dental practises to one where several of the dentists are also ACNEM accredited. I am also benefitting from two medications that are compounded for me by a good compounding pharmacy. I have also benefitted by information provided by a website that provides summaries of medical papers and offers advice about reactions to substances consumed or absorbed through the skin that otherwise is not obtainable from conventional medicos. While the current system may not be perfect, I don't think the consultation paper is clear enough on a number of issues and therefore Option 2 is not a good way forward.

I'll try to briefly outline a few key points of my medical history and why I have chosen to consult a medical doctor who practises integrative medicine, in order to justify my opinion that option 1 is best given the consultation document.

I'm now in my mid-50s and I've had gut-related issues since a child. In my late teens I consulted my excellent family doctor, who prescribed a high-fibre diet, which was probably state-of-the-art in the mid-1980s. A few years later, I consulted another GP about on-going gut issues. He put me on a vegetarian diet which improved my gut health, to the point I thought I was cured so slowly added meat back in with detrimental consequences. In the early 1990s, now in Sydney, I raised the issue with my then GP who referred me to a gastroenterologist who performed a colonoscopy and ruled out anything sinister such as Crohn's disease. The diagnosis was Irritable Bowel Syndrome and there it was left until I started visiting the ACNEM trained GP in about 2012. There was no real follow up or suggestions for improving it. My diet was considered adequate, being generally better than the average Australian's diet. Subsequent GPs noted the IBS but never volunteered any suggestions for improvement.

Over the same period but not usually during the same consultations, I raised with many GPs my abysmal thermal regulation. Periods of inactivity left me very cold, but even as small an increase as eating would raise my core temperature. I always had to wear many more clothes than others if just standing around or studying/working on the computer, but as soon as I walked anywhere I would be

hot and perspiring. My otherwise excellent family doctor back in the 1980s merely said that I radiated more heat than I generated when sitting still, which as a uni student majoring in physics, was pretty much a statement of the obvious. Other GPs later tested my TSH which was always in the normal range, a pretty broad and unsatisfactory statement given that what is considered the normal range varies between countries, and even within Australia it varies over time. So for years I would be wrapped in many layers of clothes when most others were still wearing shirt-sleeves and I had to endure the comments of surprise and be the butt of many jokes about my lack of thermal regulation.

I also suffered from what I can only describe as a salt-deficiency. If I didn't have additional salt every day, and extra on days of high stress or high activity/sweat rate, I would suffer a variety of symptoms that were only alleviated by electrolytic drinks. Most GPs' attitude was if taking salt tablets worked then I was managing the situation. One GP did go so far as to suggest I could have a 24 hour test where a tube was inserted through my nose to my stomach to measure various things but it never eventuated.

Another distressing symptom/condition was very low energy levels, to the point where some days I just collapsed and slept for a few hours. It wasn't possible to rouse me when I was in this state.

I also had a pimple a day for years from my late 30s. When I raised this with my GP, she promptly changed my contraceptive pill, which worked for about a month or so, before the pimples re-appeared.

All of these, IBS, lack of thermal control and "salt-deficiency", slowly deteriorated over time – or did I just get less accepting of my chronic conditions? Whatever, in the early 2010s one of my sisters sent me a link to a site that discussed Adrenal Fatigue. So many of the symptoms resonated that I decided it was worth exploring. A Google search found a GP with good reviews. On my first visit the GP asked many questions I'd never been asked before and recommended a whole suite of tests, such as cortisol levels, both 24 hour total and 4 times over the day, T3, T4 and reverse T3 and iodine. On my return visit the results indicated that my iodine levels were moderately deficient, my thyroid was not functioning correctly, and since my cortisol levels were flat during the day and elevated at night, neither were my adrenal glands.

For personal reasons I decided not to return to that particular GP but instead, having recently heard about ACNEM, found a GP on their website that specialised in the gut and was easily accessible from my work. Note, this GP has an MBBS from The University of Sydney, so I'm not talking about some person with dubious qualifications. My initial consultation with this ACNEM-qualified GP was an hour long and covered a huge range of symptoms and other areas. More tests were done, including various metals such as FE, Zn and Cu, the latter two being seriously out of balance with Cu too high and Zn too low. He put me on a quartet of supplements for the adrenal fatigue/insufficiency, DHEA, and two types of thyroid medication, all of which significantly improve my energy levels and my thermal regulation. He also put me on zinc picolinate and molybdenum to adjust my Zn and Cu levels. The DHEA and thyroid extract are compounded for me at a quality compounding pharmacy.

He also had my gut bacteria tested and on examining the results stated he'd never seen such a bad report. I had significant overgrowths of "bad" bacteria and clearly was deficient in "good" bacteria. I underwent a protocol to adjust these over- and under-growths which improved things but it was still

not totally satisfactory. He suggested repeating the protocol since my initial state had been so bad. The end result was stunning. I couldn't believe the difference. Over 30 years of suffering IBS meant I'd no idea what a well-functioning gut should be like. Unfortunately, although my consumption of sugar over Christmas was low compared with the population average, it was enough to let the "bad" bacteria regain their hold. I've not yet gotten back to the wonderful state I was in for 8 months in 2016 but I haven't given up yet.

I note that I also eliminated gluten from my diet about this time too and he supported me in this. I have since worked out that I am totally gluten intolerant, possibly with undiagnosed coeliac disease as I have a number of associated conditions.

So this ACNEM-trained GP has done more for my IBS – shown it is totally reversible – my thermal regulation and my fatigue (I no longer collapse as I did formerly unless I miss too many days of my supplements and medications) than any conventional GP. He's taken me seriously and clearly stays up to date with the literature in his area.

Regarding my pimples, the website referred to above talked about skin conditions being the result of food and also substances absorbed through the skin. I changed my shampoo and conditioner, and finally my toothpaste which I had been using since childhood (I don't wear cosmetics). Within a week of changing to a toothpaste recommended by this site, my pimples were no longer occurring and by the end of a month, my skin was really good. I attribute it to the flavourings in the toothpaste because several times since I've had the pimples come back. Each reoccurrence has been due to changes in or additions of flavourings, examples include once when I changed flavourings in the DHEA and once when I mistakenly bought a chewable chocolate-flavoured Vit B12 tablet. Each time the pimples stop appearing within a week of ceasing consuming the flavouring. My conventional medicine GP would never have thought of suggesting something like my toothpaste was causing the pimples.

My ACNEM trained dental practice also takes a much wider interest in my health, with a thorough check of muscles, inquiry into headaches and jaw aches and many other checks that no other dentist I have visited has ever looked into. When I decided to have my three amalgam fillings removed, they took every precaution for ensuring I did not ingest or inhale any more mercury.

I have been recently diagnosed with peripheral neuropathy. The neurologist I saw at the [REDACTED] [REDACTED] was the one to suggest I might have undiagnosed coeliac disease, and that the peripheral neuropathy was possibly a result of the long-term damage from this condition although my Raynauds syndrome may also be a contributing factor. I must confess to being upset that I have a degenerative condition like this when I am only in my early fifties and only just ½ way through my likely lifespan, given the number of centenarians on both sides of my family. That is quite possibly the result of a lack of diagnosis by the medical community adds to my distress.

So for over 30 years I have suffered from IBS, adrenal fatigue/insufficiency, thermal dysregulation, pimples, several other conditions I haven't bothered to describe, and possibly consequently now have peripheral neuropathy. My quality of life has been eroded by these conditions. GPs in the conventional medical tradition have not diagnosed any of these conditions and have not been at all interested in working with me to address them. I had to go to one of the "medical practitioners who

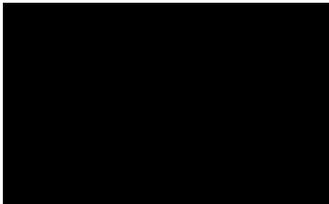
provide complementary and unconventional medicine and emerging treatment” in order to have my symptoms taken seriously and addressed in a professional manner.

The BMRI prides itself on getting its research out of the lab and into the clinic as rapidly as possible. As far as I can see, that is what the ACNEM trained practitioners are doing. They are interested in the emerging science and try to put into practice the latest learnings. They are up-to-date on the literature, to the point that the protocols to address the bacterial over- and under-growths in my gut evolved over the three year period as the research in this area evolved. I feel these practitioners should be applauded for their attitude to research and for providing their patients with up-to-date advice.

I do not see why the general public should not have the option to choose to consult these “medical practitioners who provide complementary and unconventional medicine and emerging treatment” if we are not getting what we *need* from conventional doctors.

There may be those that take advantage of their patients, or provide the wrong advice, but there are those in conventional medicine too who behave that way, such as the obstetrician- gynaecologist who went to jail in 2008 or thereabouts, and others who get reported in the papers. Further, the damage done through neglect and lack of time for a decent investigation of symptoms and underlying causes due to the 15-minute-consultation imposed by Medicare and other systemic issues, can be just as damaging as anything done by the group the board is considering regulating further. I suggest a better use of time and resources would be to address the issues in the conventional medical community to improve the outcomes for patients so we don't need to go elsewhere.

Yours sincerely

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[REDACTED]
[REDACTED],
[REDACTED]

25th June, 2019

The Chairman and Board Members,
Medical Board of Australia,
GPO Box 9958,
Melbourne, VIC 3001

Dear Sir/Madam,

RE: Consultation on complementary and unconventional medicine and emerging treatments

I am making this submission because I value the freedom of choice I have had in choosing the kind of medical care that I feel is appropriate and effective for the chronic and other health issues I have experienced. I am very concerned that the Medical Board of Australia may be considering limiting that freedom of choice, which I do not think they have the right to do. I am concerned not only for myself, but for the many other people I have encountered over many years who have spoken of their heartfelt appreciation for the successful treatment they have received from general practitioners who have used what the Australian Medical Board is currently referring to as “complementary and unconventional medicine and emerging treatments”. In my personal experience, these practitioners have practised with an extraordinarily high level of professionalism, diligence and care totally within good practice guidelines – a level of care that I did not experience from conventional medicine practitioners while seeking successful treatment for a mysterious chronic, debilitating illness I experienced for many years.

I began looking for further options when “conventional medicine” came to the end of what it could offer me for the above-mentioned chronic health issue and I was still debilitated. I was once on a Disability Pension, but as a result of personally researching then exploring options in treatment, I have been back in the workforce now for over 10 years. Would the Australian Government prefer that I had remained under the care of conventional medicine and still be on a support pension? Conventional treatment for the illness has not progressed in that time. I am very grateful to one particular general practitioner who was willing and caring enough to think ‘outside-the-box’ and identify the mysterious chronic health condition I was suffering from. The treatment with a mix of conventional and “unconventional treatments” has been very successful and I feel like I have my life back. The thought that I may not have had that option to try other treatments is frightening. I am sure that the countless other people who have had a similar experience of coming to the end of what conventional medicine offers and being left no better in health, then finding unconventional treatments that work would agree.

In my opinion, the Medical Board of Australia needs to accept that not all consumers and practitioners agree that conventional medicine (and its almost exclusive use of pharmaceutical medications) offers all that is possible in successful treatment, particularly of chronic health conditions.

In an analogy, there are different types of transport on our roads in Australia and individuals have the freedom to choose which they prefer to use, based on their individual needs, likes, dislikes, affordability, etc. I personally consider motor-cycles to be a dangerous mode of transport for what I consider to be good reasons - there are no air-bags, there is no barrier from impact or even windscreen wipers for better vision when it is raining, and they are smaller and less likely to be seen by other drivers in rear-vision mirrors and when they are changing lanes. Therefore, a motor-cycle is an alternative mode of transport that I would not choose for myself. Even though I have never ridden one, I perceive them to be risky. However, I respect the right of others to choose that mode of transport for themselves and I accept the fact that there would be thousands of happy motor-cycle riders who have safely ridden them for many years. Their perception of motor-cycles is simply different to mine. Due to my respect for the rights of others, I am not campaigning for motor-cycles to be removed from Australian roads. In my opinion, the Australian Medical Board needs to demonstrate the same level of respect for the rights of consumers who choose to select practitioners who use “complementary and unconventional medicine and emerging treatments” as part of their treatment protocol.

I am greatly concerned by the possibility of the adoption of “Option 2” in the Public Consultation Paper. My opinion is that the Medical Board of Australia will be biased if it is left to the task of revising guidelines for a type of medical practice that its board members and colleagues have not had experience in using. I am actually suspicious that this move is an attempt to prevent general practitioners from using “complementary and unconventional therapies and emerging treatments” and that it may be a response to the ever-growing number of people who are now seeking and finding successful alternatives to conventional medicine because conventional medicine has failed them in some way. I am also suspicious that this move may also be indirectly linked to greedy pharmaceutical companies protecting their future profits. I am certainly not alone in holding these views. I have spoken with many people who feel the same way. I am sure that many of the “unproven, emerging and innovative therapies” referred to in the Consultation Paper have been ‘proven’ in the lives of many individuals who have benefited enormously from them, like I have. That is why increasing numbers of consumers are seeking general practitioners who use “complementary and unconventional medicine and emerging treatments”. I also think that there is a lot more proof of therapies in scientific studies than the Board has examined or sought.

I personally do not want to return to the only option for my medical care being conventional medicine. It failed me in the past and I know that that would happen again. I need to work because I am not yet at retirement age and I do not yet have enough superannuation due to my inability to work during the time that I was exclusively relying on conventional medical treatment. I would be very annoyed if suddenly I found that I no longer have access to the treatments that have worked so well for me for my past and existing (and any future) health conditions. I do not feel that a body such as the Australian Medical Board has the right to remove the freedom of choice from individuals – that is what I and many other equally annoyed people think this move is about.

In response to the “Questions for Consideration” in the Consultation Paper, my thoughts are:

Questions 1 and 2: There is an obvious divide between the practitioners of “conventional” and “unconventional” medicine. Synonyms of “conventional” include: normal, usual, traditional, common, ordinary, conservative, conformist and unadventurous. Human beings are notorious for being adverse to change. Could it be that conventional medicine practice is steeped in the rut of tradition, conservatism and conformity to the detriment of the consumer of its services? New discoveries are not made or readily adopted by unadventurous individuals or groups.

Question 3: No.

Question 4: No.

Question 5: Guidelines for safeguards would need to be drawn up by practitioners who have extensive experience in using “complementary and unconventional medicine and emerging treatments”, not Board members or conventional general practitioners who have no experience in using them.

Question 6: Many consumers are turning to and choosing to continue their medical care with practitioners who use “unconventional” therapies, so clearly they are benefiting from the treatments. I recommend that the Board be open-minded and acknowledge the existing research on the use of vitamins, minerals, alternative therapies, including anecdotal evidence.

Question 7: Yes

Question 8. No

Question 9: Option 2 should not be adopted.

Question 10: No.

Question 11: Option 1

Thank-you for reading my submission. If this submission is published on the website, I request that my surname and address be removed for privacy reasons.

Yours sincerely,

██████████

From: [REDACTED]
Sent: Tuesday, 14 May 2019 12:29 PM
To: medboardconsultation
Subject: Submission regarding complementary and unconventional medicine and emerging treatments

I am writing about the public consultation paper on complementary and unconventional medicine and emerging treatments. I am particularly concerned about the Medical Board's statement regarding the long-time use of antibiotics for Lyme disease. Specifically; the 'unconventional' treatments provided outside conventional protocols (such as long-term antibiotics for Lyme-like illness).

My story started 10 years ago after I returned from Indonesia. I experienced increasing problematic symptoms. I will not set out all of the symptoms (there were about 20 of them throughout my body) but I have set out below some of them.

- Gut problems: diarrhoea, incontinence in the morning and uncontrollable flatulence for the rest of the day. This was extremely traumatic; the worst symptom.
- Exhaustion to the point that it was really difficult to even get off the couch. At my worst, after a shower I had to rest on the edge of the bath to catch my breath.
- Cognitive fog and disorientation. At my worst, trying to put a garbage bag liner into the bin was a confusing exercise.
- Paraesthesia down one side of my face.
- Absence seizures.

For the first four years, I tried everything I could through mainstream medicine. Nothing worked. Then I saw a Lyme specialist and he diagnosed me with that disease (or an Indonesian/Australian version thereof).

Many of my symptoms have been diagnosed and successfully treated with antibiotics. However, some symptoms have not been completely eliminated. ***But all of them are controlled by the taking of long-term antibiotics.***

I have an undergraduate degree and PhD in psychology – I am not a gullible fool being taken advantage of by charlatans as some people have indicated. Conventional medicine failed me – the best that it could do was tell me to see a psychologist and cut back on work. Now, I am fully functional, I run my own business and am an adjunct associate professor in a well-known university.

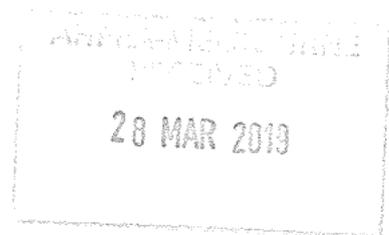
Do you really want to send me back to what I was like before the antibiotics? Because if you act on regulating medical practitioners to the point where long-term antibiotics are not allowable, I strongly believe you will be doing just that. It might be helpful for you to read the 2016 Senate Inquiry into Lyme disease (https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Lymelikeillness45/Final_Report). As the title of that enquiry stated: “(there is) growing evidence of an emerging tick-borne disease that causes a Lyme-like illness for many Australian patients”.

Please do not publish my name on your website. I do not want the general public knowing my symptoms – especially the embarrassing gut ones. Please let me know if a name redacted submission is not ok by you, and I will withdraw the submission.

Regards,
[REDACTED]



24 / 3 / 2019.



Executive Officer
Medical Board of Australia
AHPRA,
GPO Box 9958
MELBOURNE. Vic 3001

Dear Madam / Sir,

Re: "Consultation on complementary and unconventional medicine and emerging treatments."

We write this submission to let you know the following are very important to us.

- ① Freedom of Choice
- ② Being able to choose "the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health & healing." From Professor Kerryn Phelps OAM Book "Ultimate Wellness" p.8 2013 Published Pan Macmillan Aust. P/L. This is the Definition of Integrative Medicine Developed by The Consortium - adopted & last edit 2009.
- ③ Being able to work with a qualified medical practitioners who are prepared to listen, advise use their skill & knowledge to help us to be in the best of health as we age. Including the use of vitamins & supplements.

2

continued - Submission to MBA Consultation document on complementary and unconventional medicine & emerging treatments.

To give you a little of our history:

[REDACTED] is a retired midwife & general registered nurse now 66 yrs old has had thyroid, uterine, heart and connective tissue issues. Especially interested in nutrition, exercise and natural ways of remaining healthy including meditation & foods as medicine.

[REDACTED] has a degree in [REDACTED] lived in the country & retrained as a [REDACTED] Also was a [REDACTED]

Now 73 yrs old [REDACTED] has hypertension including "White Coat Syndrome" needing health practitioners who respect & share his health philosophy. Also issues related to healthy ageing such as prostate, bone & heart health.

We have used Integrative Medicine for the past 30 years. Although this is a more recent name - as a midwife I was aware some Medical Practitioners had been working in this way. We fear there is a move to punish these forward thinking, compassionate practitioners who are highly qualified & base their practice on evidence. Our G.P. did a 3 month trial about the effects of Fish Oil Capsules on Cholesterol. For us this research was very helpful, as we found Fish Oil Capsules in fact elevated our blood Cholesterol levels. We have saved money as we had been taking this medication. You may use our information IF you make us - ANONYMOUS.
Yours in good health,

[REDACTED]
e [REDACTED]

[REDACTED]

Diagnosed with Bi-Polar Disorder, 8 years ago, following a traumatic relationship, [REDACTED] was seen by an Integrative medicine GP in Melbourne who diagnosed Pyroluria. The supplementation provided improved quality of life and a reduction in the side effects of anti-psychotic medication. [REDACTED] has had ongoing difficulty with the taking away of the supplements by some psychiatrists when she is hospitalised leading to withdrawal and a slower recovery. This on her last admission in 2017 included taking away Vitamin D and Progesterone which had been provided by her Integrative Medicine GP. These practitioners appear not to have the knowledge of the benefit of supplementation or of Pyroluria. With the use of supplementation, the length of time between periods of hospitalisation is significantly increased. There is no consistency between the psychiatrists about the removal or retention of the supplements and the effects of immediate withdrawal. [REDACTED] has also been significantly well supported by [REDACTED] Naturopath, and the minerals provided positively impact her life.

We ask that our privacy be respected and our names be removed if this document is required for public use.

[REDACTED]

30/06/2019

Since becoming a patient of Dr [REDACTED] who was able to assist with general well-being and menopause, following in depth blood testing, [REDACTED] has continued to use integrative medical practitioners for improved quality of life.

[REDACTED] had a lengthy period of years where the skin on her lower legs and her stomach bled whenever dried with a towel or rubbed by clothing. This meant only being able to wear trousers due to the unsightly nature of the skin. Referrals were made by a local GP to a Skin Specialist in [REDACTED] to find the cause. Being told that this was eczema, that there was no known cause and eventually injections of Cortisone into the bones would be necessary was of no value. A referral to a Sydney Skin Specialist also had no outcome re the cause and the recommendations again were not valuable.

On Dr [REDACTED] retirement a GP practicing Integrative medicine in [REDACTED] recommended the removal of Amalgam fillings to improve general health. 14 Amalgam fillings were removed by [REDACTED] with the support of this GP. Within two and a half weeks all the bleeding of skin had ceased and it became clear that this was caused by the Mercury from the Amalgam fillings.

In 2013 [REDACTED] was severely affected by Electromagnetic Radiation when she was working in a [REDACTED] workplace where a SMART Meter was introduced. The effects are so significant that she has had to reduce the time that she is able to visit/work in Victoria to a maximum of 6 – 8 hours in a week only and be aware of situations where there are greater levels of Electromagnetic Radiation. This has impacted greatly on [REDACTED] and our family's lives. It is shameful in a country such as Australia that our medical professionals do not have training in the effects of Electromagnetic Radiation and are unable to assist or to make referrals for medical support. Being hospitalised in [REDACTED] in 2018 while on holiday there, the treating GP profusely apologised for this lack of knowledge.

In general, [REDACTED] has chosen to use Integrative Medicine practitioners where possible due to their knowledge, quality of monitoring of patient health and assistance in finding a cause. [REDACTED] also has benefitted from the support of [REDACTED] Naturopath and the use of Osteopathy.

Our experience has been that the current system of practice in terms of particularly knowledge, appointment length and the appearance these days of a "business like effect" is not always conducive to patient well-being. Examples of experiences are as follows:

1. Being diagnosed by a GP with pre-diabetes which was denied by a Diabetic Educator following referral and there have been no signs of this since.
2. Arriving for appointments and the GP not having time to check notes or follow up on what they have requested.
3. Being told one minute prior to the end of a consultation that it was ceasing even though the reason for the visit hadn't yet been discussed.
4. Being phoned during the working day by a GP to be told that a GP Management Plan had been completed for [REDACTED]. This was without any consultation re required providers and no copy of the Plan was provided for 8 months.

It needs to be acknowledged that the above experience has not always been the case e.g. having an unexpected Facial Cellulitis the staff at [REDACTED] Health Service Emergency Department and a local specialist were much appreciated and the medical support provided was excellent.

Public Consultation on Complimentary and Unconventional Medicine and Emerging Treatments

- [REDACTED]
- [REDACTED]
- [REDACTED]

We appreciate the opportunity to take part in this significant consultation and share with you more than 40 years of our medical history. During this time, we have found that major changes to our wellness and quality of life have been brought about due to the guidance of medical practitioners who practice integrative medicine. We strongly believe that all medical practitioners should be trained to understand the value of those integrative medical approaches which would improve the general health of Australians and reduce the cost of health treatment in this country. All supplementation that we take and have taken is and has been prescribed by a practising GP. We advocate for ongoing choice in medical practitioners.

[REDACTED]

Born and raised in London U.K. Lived with depression from age 10 years. Migrated to Australia in [REDACTED]. Married in [REDACTED]. Had continuing severe depression with suicidal tendencies for a further 20 years. During this time many medical practitioners, psychiatrists, psychologists and general practitioners were involved in treatment including hospitalisation in Melbourne. This overtook our lives with loss of time and expense and no positive outcome. Prescription medications used during this period were of no value due to significant detrimental side effects including seizures, influenza like symptoms, inability to sleep and severe personality changes. We were desperate for answers and believed that there had to be a cause and did not cease looking.

We were fortunate to find a book written by [REDACTED] based in Sydney. We had to wait 18 months for an appointment due to his high work load. Dr [REDACTED] changed [REDACTED] life. On our first appointment after taking a detailed history, Dr [REDACTED] wrote in [REDACTED] file what he believed his diagnosis to be. After significant in-depth blood testing [REDACTED] was proven to have high levels of lead as well as Gluten, Gliadin and Dairy sensitivities. From that day with weekly injections of Vitamin B Forte, dietary changes and supplementation with vitamins and minerals, including Vitamin B 6, [REDACTED] began the journey back to a better life. We appreciated being well informed at every appointment including being provided with significant levels of written material which explained what Dr [REDACTED] was doing and why.

On Dr [REDACTED] retirement, we changed to a Sydney based Integrative medicine GP in order to continue to have [REDACTED] health, medications and supplements overseen and monitored. At this time [REDACTED] was struggling with sleep apnoea and snoring as well as regular long periods of stopping breathing during the night where he didn't always recommence breathing without assistance. [REDACTED] saw a medical Specialist during this time and had polyps removed from his nose and attended a sleep apnoea clinic to no avail. The new GP in Sydney recommended the removal of [REDACTED] amalgam fillings at [REDACTED] [REDACTED] to deal with the possible effects of Mercury. The result was profound with no further sleep apnoea, snoring or breathing cessation since. [REDACTED] was also able to cease the regular Vitamin B injections and use Vitamin B supplementation which previously had not been sufficient by itself.

In conjunction with the above [REDACTED] has been supported by [REDACTED] Naturopath at [REDACTED] [REDACTED] throughout this journey, particularly in the early days. In particular, [REDACTED] finds Aurum Metallicum as prescribed by [REDACTED] a most valuable supplement. Osteopathy has become an integral part of [REDACTED] life when required and his body responds well to this.

From: [REDACTED]
To: [medboardconsultation](#)
Subject: Public consultation on complementary and unconventional medicine and emerging treatments
Date: Wednesday, 27 February 2019 9:44:58 AM

To whom it may concern,

I would like to provide a written submission for the consultation on complementary and unconventional medicine in support of this area. I request that my full name not be released but happy for my first name to be used.

I have used integrative medical treatment for years now as I found Western treatments did next to nothing to help my anxiety and Irritable Bowel Syndrome. In the end, I was palmed off by normal doctors and told that the IBS was merely "in my head", etc. Normal anti anxiety pharmaceuticals did not work for my anxiety.

I am a university-educated male so as far as I am concerned I will not be told that I cannot take vitamins for X Y Z reason, or cannot have X Y Z treatment done and won't be told that symptoms are "just in my head", when experience has shown that was not the case. I have found integrative treatment to help immensely with my mental state and with physical symptoms. I no longer have any IBS symptoms post-treatment, similarly I no longer experience anxiety like I used to. I have experienced absolutely no side effects from any treatment I have had.

Without access to this type of treatment I believe I would be in a far, far worser place mentally, and I would not return to treatment provided by "normal" doctors as experience has shown in my case that this has not helped.

I have never found any treatment pushed by integrative doctors, which is a big factor in why I think integrative medicine does not need further regulations due. Another reason is due to the fact that I have not experience ANY side effects from treatment. This is in contrast, I found when I saw a "normal" doctor that I was pushed towards a script for anti-anxiety pharmaceuticals, etc. I have tried some of these and either found I felt worse in different ways, or that they simply had no effect.

Regards,
[REDACTED]

28th June 2019

Executive Officer

Medical

AHPRA

GPO Box 9958

Melbourne 3001

Dear AHPRA,

RE: Consultation on complementary and unconventional medicine and emerging treatments

We wish to remain anonymous for the privacy of our child. We are 42 and 44 years old and currently reside in Melbourne. We are the parents of three children one of which was diagnosed with autism.

Our preferred outcome from this enquiry is the status quo – Option 1. Our child was diagnosed with autism at 3 years old. Aside from the conventional therapies, which do help, we were left with little hope our child ever living a full productive life. Not long after diagnosis we discovered integrative medicine – we learned about gut health and its impact on the brain! We sought treatment from various doctors in our journey and were prescribed compounded medications, supplements and herbal medicines. It has been a journey and has taken many years but our child has recovered from autism, she will not be a burden on the taxpayer, she will lead a full and productive life because of this.

Our daughter recently started at a new school and we have not disclosed her previous diagnosis. Her teacher describes her as well behaved, calm and popular – hardly your typical autistic child! We owe her life to complementary medicine.

Without the guidance and support of the integrative doctors who we have sought treatment from, I often wonder where she would be, how life would have been so different for her.

The doctors we have consulted have always provided discussion about options for treatment and their relative merits and potential problems. We have always felt fully informed. We completely without hesitation value complementary medicine and believe that everyone in this country would be in a better place health wise if they consulted with a doctor who practices complementary or integrative medicine.

We are supposed to live in a ‘democratic’ society and we value free choice in making decisions over my medical treatment. If the Board decides on Option 2, I urge them to accept that Integrative Medicine, utilising complementary or unconventional or emerging medicine as well as conventional medicine, be recognised as a speciality, in order to allow increased Medicare rebates to help cover the increased costs of fulfilling the new regulations.

Regards,

Anonymous (Parents of a no longer autistic child)

From: [REDACTED]
Sent: Saturday, 29 June 2019 10:54 AM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments
Attachments: 2019 06 MEdical Board.pages

*Medical Board of Australia
To Whom it May Concern*

I write in response to the consultation paper on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments.

I am happy to have the Board publish my submission but require that my name and contact details be suppressed from any publication. This requirement is serious and I expect you to respect it.

A Pages format version of my response is also attached, to assist with publication. I know that you requested Word format but I don't own Word software. As Word is commonly used proprietary software and not a standard, so is Pages also commonly used proprietary software and not a standard. I anticipate that you'll be able to deal with Pages format even though you don't mention it.

Yours sincerely

[REDACTED]

=====

I strongly oppose any further regulation of those practitioners who offer what you are currently calling complementary and unconventional medicine and emerging treatments.

My reasons are -

1. It's impossible to distinguish functionally between emerging conventional medicine and emerging unconventional medicine. All medicine starts as emerging and unconventional.

It is very clear that the Australian Medical Board "knows what it means" but your overreach in this matter is significant. No-one free of the prejudice which clearly motivates your position paper would be able to objectively distinguish except by asking the Australian Medical Board which unconventional and emerging treatments it regards as "respectable" and which it does not.

Analysing definitions, whether those you propose or alternatives, would rapidly descend to semantics, because functional definitions would fail immediately. They fail for the simple reason that ALL so-called conventional medicine starts off being unconventional and emerging. You will catch your friends as well as your enemies. No judicial officer will be able to apply an objective test, except that of the transparently self-interested "establishment's accolade of respectability".

2. Get your own house in order first.

Any number of “conventional”, accepted, Medicare item number scheduled treatments are acknowledged by conventional medicine to be unscientific and either ineffectual or potentially harmful. Arthroscopy, in many if not most circumstances, to name just one.

We have infection running rampant in hospitals with doctors going from ward to ward and patient to patient without washing their hands - saying on national television that THEY have never caught a super bug so they clearly aren't spreading infection... need I go on?

We have conventional practitioners of conventional medicine continuing to prescribe anti-biotics for the common cold when the only effect can be to increase the rate of development of anti-biotic resistant bugs.

We have over-prescription of all kinds of drugs - and now measurable deleterious effects on the life-cycle of major food source fish, including salmon - from effluent laden with anti-biotics, anti-fungals, anti-depressants, pain killers etc.

We had a [REDACTED] a medical specialist, on national radio, defending medical advice that was inconsistent with the current guidelines of his own speciality, on a matter where the risk of such outmoded advice was fatality.

3. Nonsensical and prejudicial premises

The apparently objective test of the double blind trial is a complete nonsense, when comparing conventional and unconventional medicine. And a prejudicial nonsense at that. For many, many unconventional treatments there will be no drug to patent, no device to patent, and therefore no source of funding to run double blind trials.

I note in passing that many conventional therapies can't be subject to double blind trials because the patient/consumer cannot be “blinded” as to whether they are receiving the treatment or not.

Again, don't subject unconventional medicine to standards not being applied to conventional medicine.

Or else do, and know that your Board will be understood to be prejudiced and unworthy of the community's respect. And that by association, so will your profession.

4. Self-interest

Following hard on the heels of the narrowing of private health insurance extras cover, this further attack is transparently self-interested. Since when did society benefit from medical puritanism?

What harms are you protecting the community against? And how do you calculate them, vis a vis the harms of conventional medicine practised within guidelines. Both conventional and unconventional medicine emerge from imperfect science with side-effects known and unknown, both generally and specifically to the affected, to both the patient/consumer and to the environment.

Absent a solid case of harm, where both sets of medicines are distinguished and measured, the proposal looks to be a naked bid to make the medical club purer, cleaner, whiter...

5. “Purer, cleaner, whiter...”

Ah yes, whiter. The 5,000 years (give or take) of yoga practised by [REDACTED]? The 65,000

years of knowledge of plants that we haven't managed to quite exterminate from our Australian First Nations Peoples, who call themselves [REDACTED]? The emerging work at the [REDACTED] supporting the claims of some Traditional Chinese Medicine... preferred by people whom we have in the past called [REDACTED].

In a multi-cultural society, the Australian Medical Board's proposals look startlingly, arrogantly white.

6. Flies in the face of the most interesting emerging medicine: the growing understanding of the potential of placebo

I love the placebo effect, myself. The potential for relief with fewer side-effects, less environmental damage, fewer long-term down stream negatives emerging from treatment.

I am happy that unconventional medicine may rely more strongly on placebo than conventional medicine: relying more strongly on herbs and incantations will be less harmful in the long run for the individual and for the planet. I am equally happy that unconventional medicine may rely more strongly on the relationship between the practitioner and the patient/consumer. My goodness, how human would that be.

For practitioners who offer cures for cancer by inhaling the smoke of sacred fires or dancing naked in the forest with only garlands of herbs as adornment - we don't need Medical Board rules, we need the Police to enforce our laws against fraud, we need our Consumer Protection Agencies to act against false and misleading advertising. And for the Medical Board to publish, on the web, a list of medical practitioners convicted.

From: [REDACTED]
Sent: Tuesday, 21 May 2019 10:38 PM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments

I value the opportunity to access integrative and complementary medicine and therefore my choice is for –

Option 1 – Retain the status quo of providing general guidance about the Board's expectations of medical practitioners who provide complementary and unconventional medicine and emerging treatments via the Board's approved code of conduct.

My health had been going downhill for quite a while before finding my integrative doctor – and while I have only been working with this doctor for a short time, I have already found that my health has improved exponentially and I trust that my doctor is balancing the needs of all my different systems based on our consultations.

Being able to speak to my doctor, have enough time discuss my health in a whole body/mind manner so that my doctor treats my **WHOLE** body and not just the symptoms presented is incredibly important to me. In the past I have had issues where the presenting symptom was treated... but without the time for a more in-depth consultation, another issue was affected by the treatment.

Being **HEARD** by my doctor and to be treated in a whole body capacity ensures my health needs are met at a high level.

I also appreciate that my doctor has the training and knowledge to ensure the correct due diligence and research is done – which means they can decipher fact from hyperbole.

Again, I choose **Option 1** which enables doctors to use their own knowledge and experience of medicine AND their patients to make the best decision based on the patient's individual needs.

Note: I am happy for my submission to be printed, however request that any identifying information is removed.

Regards,
[REDACTED]

CONSULTATION ON COMPLEMENTARY AND UNCONVENTIONAL MEDICINE
AND EMERGING TREATMENTS

What is the ultimate goal of any medical practitioner, but to provide good quality care to the people who seek their help, both in treating the ailments they present with, but in attaining and maintaining the best level of health they can achieve, physically, emotionally and cognitively. Some would also add spiritually. It is my belief that the basic tenant of medicine should be to support the body to return to, and maintain, a state of good health and equilibrium through its own capacity to heal.

Having graduated over 30 years ago, and having worked for most that time in general practice, I have been confronted by many situations where conventional medicine has not provided the answers to address suffering and ill health. Chronically ill and often debilitated patients have been left without a mainstream diagnosis or hope of treatment. Many other doctors have had the same experience. It becomes a strong impetus to look elsewhere, especially when this hit close to home.

I have spent a great deal of time, money and energy in the pursuit of answers “outside the box”. In addition to attending conventional medical workshops and talks, I have trained through Australian College of Nutritional and Environmental Medicine (ACNEM), Australasian Integrative Medicine Association (AIMA), US Institute of Functional Medicine (IFM), MINDD (Metabolic, Immunologic, Neurologic, Digestive, Developmental) Foundation, the Australian Society of Lifestyle Medicine (ASLM), Australian Institute of Medical Nutrition (AIMN), Biobalance and Health Masters, and have been mentored by several knowledgeable and skilled practitioners. I am a current member of ACNEM, AIMA, IFM, MINDD, ACIIDS (Australian Infectious and Inflammatory Disease Society) and ISEA (The International Society for Environmentally Acquired Illness), and am enrolled in the certification process of IFM.

Much of the emphasis has been to understand and address the underlying processes leading to ill health, while still managing the current condition/symptoms, making best use of all safe, available modalities. I am doing the best I can, though still not perfectly, and with still a lot to learn. Truth is that medical knowledge – what each of us could know – is expanding at a rate far outstripping any individual practitioner’s ability to keep up. Genetic vulnerabilities and changes in the microbiome are just two areas of enormous interest and growing information. Environmental impacts are another, with the rise in exposure to physical and chemical agents in an increasingly complex and polluted world.

It is not an easy path. I am working in general practice and need to be on top of medicine broadly, and to be constantly assessing the openness and readiness of each patient to adopt a broader approach to their health, discussing the wide range of options available, and also making clear which of these fall inside/outside the conventional model. For example eczema does not mean only steroid cream and moisturisers, but consideration of the microbiome, gut health, possible food allergies/sensitivities and dietary choices, emotional stressors, physical environmental factors, nutritional adequacy, use of supplements therapeutically, and genetic predispositions. Ultimately managing these underlying factors (where possible) will reduce the individual's disease burden – not only on the skin but for other allergic disorders and their health in general – and also reduce their need for pharmaceuticals. It opens up a greater level of control for the patient in their own health. It is lifestyle and preventive medicine, put back into the hands of the individual. It takes time, but it is rewarding. Most of my patients do not see me as an unconventional doctor, just a very thorough one.

I agree that:

- There should be open communication between all the health care providers, in the interest of the patients' wellbeing. This stands for ALL practitioners. If there was better understanding and less of a sense of animosity and judgement by our peers, communication could be even better.
- Patients should be offered the most current and comprehensive therapies available to them, in their particular circumstances, with doctors doing their best to provide this, recognising the limitations of what is possible for each doctor to actually achieve and keep abreast of. I would argue that integrative/functional doctors are in a position to offer a broader range of options, many of which give control back to the patient through lifestyle choices.
- Costs to the patient and to Medicare are an important consideration. Tests offered should be explained in their purpose, reliability, impacts on treatment, necessity. There should be no financial "kick back" for the practitioner for a patient having a test or purchasing a supplement, other than the recognised retail mark up for supplements, if provided by the practitioner (in the interests of quality, reliable supplements being available). This same standard should apply to conventional doctors, and there is no need for specific guidelines here.
- A high proportion of patients are seeking alternatives and spending a lot of money on OTC supplements. These patients would be better served by advice from a doctor well-trained in nutrition and lifestyle medicine.

I do not agree with the following assertions, for the reasons outlined below:

- *Safety and efficacy not known and/or clinical trials not conducted.* The assertion that clinical trials are the absolute gold standard is being drawn into question, especially with the growing understanding that they apply to narrow populations in specific circumstances and do not take into account the myriad of factors impacting on the individual. Every time a treatment is given to a patient it is an N = 1 trial all over again. What protections do clinical trials actually afford patients? Integrative/functional medicine is based in science, drawing on clinical trials, but also taking into account detailed history, accumulated clinical observation, traditional uses (for instance of ancient herbal medicines), and patient wishes.
- *Variable levels of training, skill and expertise.* This could be generalised to all areas of medicine, eg skin surgery undertaken in general practice with no minimum training required.
- *Non-specialists treating complex conditions.* General practice involves treating complex, chronic diseases all the time. We are often the only ones aware of all the aspects of a patient's health at any given time, with specialists honing in on their individual areas of expertise. All doctors should be looking to the underlying causes of ill health, and treating these.
- *Failing to make a proper diagnosis of each patient's specific condition.* All doctors still need to practice good medicine first and foremost. Sometimes a diagnosis eludes even the specialists, but looking to the processes underlying health and ill health can enable effective treatment even in the absence of a conventional diagnosis.
- *Groups such as AIMA acting in the interests of their members, not the public.* These organisations are seeking to promote quality education for doctors looking for answers beyond the "conventional", and help for the broader community in the process.

Please also note that I have made no comment on treatments such as Botox and joint injections, which I have no knowledge of, and which I see as being a completely separate area of consideration.

I do not feel supported by the Medical Board, or by some of my colleagues, in my pursuit of finding the "best medicine" for those under my care. The current proposal is not reassuring. I fear that the proposed guidelines may not be written and overseen by practitioners with a good understanding of integrative/functional medicine. Doctors like me have often been judged and sometimes condemned by those with a much narrower perspective. There does not seem to be a genuine interest in understanding or examining the merits of alternative approaches. However, with the explosion of chronic disease and mental health issues, and blow out in health budgets, we need to find a different way to approach medicine in general.

From: [REDACTED]
Sent: Tuesday, 23 April 2019 9:09 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

Dear Executive Office,

Please do not introduce the proposed regulation.

I'm a 46 year old mother of 2 in [REDACTED], Sydney.

I quit a high paying corporate job in the city to look after my daughter who failed to thrive after birth and had several gut issues.

I saw numerous GP's who did not seem to help and wanted me to mask the problem and not look for the root cause and offer solutions.

Only after I saw complementary practitioners including an integrative GP, did my daughters health significantly improve where she is growing into a robust girl with minimal anxiety and rage, specifically after an extremely low zinc level was detected.

Subsequently, my husband and I now use complementary medicine for many of our complaints that I am happy to share if my details remain anonymous.

I am extremely happy with my current standard of care but specifically the fact that I have a CHOICE of practitioners for myself and my family.

I implore you to reconsider the proposal.

In health,
[REDACTED]

From: [REDACTED]
Sent: Sunday, 30 June 2019 4:09 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

Please find my response to MBAs 'Consultation on complementary and unconventional medicine and emerging treatments'

in the body of this email and as a separate attachment

TO Whom It May Concern

Regarding the Boards suggested questions

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

No

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

I prefer the term Integrative Medicine or Complementary and Integrative medicine.

The use of the phrase 'complementary and unconventional medicine and emerging treatments' is pejorative and attempts to link extremely safe, effective and well demonstrated medical practices with more extreme and experimental practices in order to denigrate and discredit them. The Medical Board of Australia (MBA) appear to be prejudiced and acting without apparent justification or evidence of harm.

The examples of harm cited in the paper are almost exclusively incidents where doctors have been acting well outside the law. Additionally there are far more incidents where conventional doctors act outside the law endangering patients repeatedly and many "conventional" doctors frequently break the MBAs own Code for treatment in many ways including but not limited to:- disrespecting patients (accusing them or making up symptoms ("it's all in your head" syndrome); not taking adequate history; and not engaging patient in treatment or self care etc. The MBAs own position on Lyme Like Illness in Australia is arguably a breach of its own code - not believing patients, looking objectively at research, denying patient care.

Calling a treating doctor unconventional when they

- take an adequate patient history

- treat the patient with respect

- act in the patients best interests

- engages patient with their treatment and offers choices actually seeks to integrate sound medical practice with sound principles for healthy living
- is proven to be effective in a large percentage of cases

Calling this unconventional is eccentric at best and biased or endangering patients health at worst. It is counter to the spirit of the MBAs existing code. Preventing Australians from accessing these treatments is unconscionable.

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.'

No

If not, how should it be defined?

In some ways it doesn't seem to matter how it is defined. If the MBA is intent on using Orwellian doublespeak to

prevent sound and ethical practitioners from practicing a form of safe and effective medicine that the MBA has some irrational fear of then what it calls it is the least of Australia's problems

In addition the MBAs proposed description is loose. It states "not usually considered to be part of conventional medicine" without defining this. For instance which countries notions of conventional medicine does this refer to? Eg. tick borne infections are clearly seen as a rising endemic problem in at least 65 countries around the world. However in Australia (the MBA specifically) still unaccountably refuses to acknowledge its existence in Australia. It does this under the guise of "in patients who have not left Australia" but in reality the suggestions in this paper would commit all patients with tick borne illness to no adequate forms of treatment, whether the patient has been overseas or not. NO doctor I have seen who refused to test for or diagnose Lyme Like Illness ever asked if I have been overseas. It appears that the MBA does not support adequate testing in Australia or any research in this area. The MBA appears to rely on misreading research done over two decades ago to form its position that Lyme Like Illness does not exist in Australia. If this is the state of "conventional" medicine in Australia God help us all. Unaccountably we have detached ourselves from the conventional medicine approach in the rest of the civilised scientific medical world.

Australian GPs now either simply blindly follow the MBAs position (unaccountably calling diagnosis and treatment of tick borne illness within Australia unscientific) without any informed scientific research or they operate in fear of losing their license, or are unable to offer their patient the best possible care. This position leaves doctors who treat Lyme Like Illness and other tick borne infections seeking to follow the spirit of the MBAs code (treat their patients) in an untenable position. Do they act in the patients best interest or comply blindly with the MBAs irrational, outdated and unethical position on this matter?

It seems by the discussion papers that paths of treatment, which are well established, and proven to be effective in significant numbers of people are about to be outlawed. How is this acting in the patients best interests. The bias and propagation of misinformation is clear.

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'?

The question and examples exhibit bias in intention and display the MBAs position and desired outcome. I am currently unclear on why the MBA is refusing to treat sick Australians and actually mandate the non treatment of sick Australians based on non information and bias. None of the examples used in the discussion paper back up the fears expressed that patients are being endangered or exploited by Integrative GPs.

The paper appears to be designed to engender fear and the only thing endangered is a patients right to chose treatment and access knowledgeable practitioners whose ethics appear higher than the MBA who dictate 10min consults and demand adequate history taking and want to ban treatment of an emerging endemic illness.

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?

Survey questions are considered "biased" if they serve to prompt the respondent to answer in a specific way, preferentially answering in one direction rather than the other. This question is evidence of MBAs bias in relation to its alleged call for public feedback. It appears the MBA only wants feedback that supports its unscientific and irresponsible position to ban treatment of Lyme Disease in Australia and create requirements for Integrative Health Practitioners so onerous that they will be unable to practice. This is under the guise of keeping Australians safe. By ensuring Australians do not have access to up to date and current treatment protocols the MBA will ensure the suffering of hundreds of thousands of Australians and make Australia a laughing stock in the international medical community

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

Another biased question which appears to be seeking agreement. Despite the fear mongering adequate safeguards are already provided by the MBAs Code of Conduct. Although the MBA doesn't appear to abide by its own code. seeking to endanger the health of Australians and not allowing them access to choice of internationally recognised modes of medical care.

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

Options

You have already been provided with A well informed and well researched document from the Lyme Disease Association of Australia. I suggest you actually read it with an open and scientific mind

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. In my direct experience as a patient, past experience as a carer of an elderly parent and past experience as a Registered Nurse for 15 years, the current guidelines in the MBA code are more than adequate for this cohort and the MBA would be better placed spending its time and money ensuring so called "conventional doctors" meet this code as currently in my experience the Integrative doctors I have seen meet it exceedingly well but most conventional doctors, both GPs and specialists, do not.

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

Again an extremely biased question showing the MBA is seeking tacit agreement with its proposals. Option two and the associated guidelines would have a disastrous effect on the health and wellbeing of hundreds of thousands of Australians. I have several chronic conditions and I have sought opinions and treatment from both so called "conventional" medical doctors and specialists and Integrative Doctors. I will include a very brief outline of my experiences

Alternative or Interrogative Doctors - universally and without exception met both the letter and the spirit of MBAs code of conduct at all times treating me with kindness and respect, believing me when I stated symptoms, taking great pains to ensure they have a thorough and well documented medical and psychosocial history, never making unjustifiable claims about proposed treatments, and never exploiting perceived vulnerability. In consultation with Interrogative doctors I have been given a lot of information that is factual and verifiable and have never ever been given false hope.

These doctors have always informed me if they are outside their area of knowledge and referred me to Specialists when necessary. Above all they actually invariably take an adequate medical history. Generally cost effective treatment. \$350 per hour to ensure adequate history and treatment effectiveness. Always seeking to minimise costs where possible. Cost effective compared to conventional GP \$70-90 for ten minutes for symptom management especially when underlying conditions are actually discovered treated and resolved.

"Conventional" GPs

- Limited timeframe for consult, pressure to get patients "out of their treatment room ASAP.

- Lack of adequate history taking
- Reliance on giving out medicines for symptoms rather than effective diagnosis. I've personally seen at least 5 friends and family die (or be permanently injured) from a condition that would have been diagnosed earlier if their symptoms had not been fobbed off by GPs who issued symptom relief rather than investigations or interest.
- Zero interest in dietary advice or even asking how a patient is living, or eating apart from the rudimentary How Much Alcohol and Do you Smoke questions. I have been reliably informed that doctors do not believe patients answers to either of these questions which is markedly disrespectful
- Prone to accusing patients of making things up and indication of a symptom cannot be "fixed" with a medication it is "All in your Head" which is extremely disrespectful.
- Often blaming thing on an umbrella term of Depression and suggesting anti depressant medications without doing any adequate questions that would appropriately diagnose depression.
- Dismissive of patients attempts to take any part in medical care or understanding. Extremely dismissive of well researched and effective treatment modalities which are in any way related to things seen as "Alternative" including sensible and effective diets.
- when symptoms entirely disappear as a result of "unconventional" treatment modality dismissing is as coincidence or denying the symptom existed.

- Statements such as “you don't have enough to think about” and “You might just be constipated” (without adequate enquiry into frequency of model movements) indicate a high level of disregard and disrespect.
- expensive \$70-90 per 10min (not pro rata so sometimes a 2 min consult for a repeating script costs \$70 out of pocket)

“Conventional” Specialists

- Almost universally zero or minimal feedback given to referring GP. In all my experiences as a patient and as the carer of my mother there is almost never feedback given to GPs from specialists and it is never sought leading to poor record keeping leading to opportunity for serious conditions or appropriate treatments to be missed.
- Zero interest in conditions that are not direct speciality leading to increasingly zoned approach to medical care. For example my mother had a severe shoulder fracture. As she was aged and in very frail health She was reluctant to have surgery unless it was essential. The first orthopaedic surgeon was willing to just send her home with zero treatment as I stated I did not want the surgery done by a registrar or in a hospital without an intensive care unit. The second Orthopaedic Surgeon (after a self elected transfer to a private hospital) was able to confirm that surgery wasn't necessary and recovery was possible with the proper alignment sling, hospitalisation, physiotherapy etc etc would be almost the same as that for life threatening surgery. However when seeking a follow up checkup we were met with zero further interest and an expression of annoyance that we were wasting his time as we did not require surgery. There was simply no option to see an orthopedic specialist to check on progress and condition. It was made clear if mum did not require surgery she should not be in his consulting room. The GP did not have any orthopaedic knowledge. In addition minimal information was forwarded to GP.

Overall I find the MBAs obvious bias against Alternative Treatment Modalities extremely disappointing. This new direction to make covert attempts to prevent Australians from accessing these treatment under the guise of protecting vulnerable Australians is unconscionable and will lead to increased suffering and harm. Its continued denial of Lyme Like Illness in Australia is equally unconscionable. Preventing people from accessing effective treatments for a disease which is emerging and endemic is inhuman.

Additional comments

I have suffered from Chronic debilitating migraines and headaches and fatigue for twenty years. I was bitten by 250-300 nymph ticks in 1999. I sought treatment within 12 hours of incident. The initial treating GP refused to treat me or remove the embedded ticks. Subsequent doctors have refused to test or treat me for Lyme Like Illness due to its alleged Non Existance. No doctor ever asked if I have travelled overseas. Doctors react with either fear or derision when any mention of tick related infections is raised.

To my enormous relief early in 2019 I inadvertently discovered a doctor who would test and treat me. I have had no migraines for the last 10 days in a row. This is the longest stretch I have been migraine free for the last 20 years. At the some time my fatigue is improving. I've previously spent thousands of dollars seeking treatments from numerous conventional doctors and specialists all who promised results without result. I've been treated dismissively, accused of lying and regarded as a malingerer, told to ignore serious side effects of medications etc.

now with treatments I hope to finally get my life back after 20 wasted years. I could have avoided all of this with adequate treatment at my initial tick bite incident but the MBA has indoctrinated GPs to not treat this illness under threat of being deregistered so I was treated with nothing but distain. Now the MBA is threatening to make my treatments unlawful. In my opinion the MBA do not meet their own guidelines for ethical treatment of patients and need a breakthrough in re-evaluating and understanding their own position. They need to utilise common sense and regain a sense of compassion rather than trying to create and win a war over who controls patients.

Kind Regards



Please do not publish my comments with my name attached

From: [REDACTED]
Sent: Tuesday, 2 July 2019 8:58 PM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments

Preferred option 1 - maintain status quo

I have a long standing history of health problems. I have had moderate - severe eczema since I was a baby/ toddler and investigations into my digestive health began just prior to adolescence and continued into early adulthood. I sought complementary/ alternative health options as, despite multiple invasive investigations, no disease process could be found and no diagnosis was ever made. I continued with terrible, disfiguring eczema, stomach bloating and pain, constipation and diarrhoea, occasional GI bleeding, 'seasonal' allergies, migraines and extreme fatigue with no advice on how to improve my quality of life. The only things i had to relieve my symptoms was topical corticosteroids, antihistamines and anti-inflammatories - all of which have significant issues with long-term use and assisted with some but not all of my symptoms.

I commenced complimentary and alternative therapies in my mid 20s and, with relatively simple dietary changes (I have no confirmed food allergies, but several sensitivities identified through trial and error) and vitamin and mineral supplements (despite having no technical deficiencies - the blood levels were on the low side but still considered "normal") my health has improved drastically!! Now, in my late 30s, I have mild dermatitis requiring only occasional steroid creams (usually only needed if i stray from my diet), I have had no GI bleeding, stomach bloating, pain or elimination issues when following this regime, my migraines have all but disappeared and i now have the energy to spend with my children.

I recommend continuing access as is to these services for those who are not able to be helped by modern medicine alone. I'm hoping, with this effort now, I am able to avoid serious and chronic health conditions in the future.

I am happy for you to use this submission as required but please do not publish any information that can be used to identify me personally. Thank you.

Kind regards,
[REDACTED]

13 June 2019

Dear Medical Board of Australia,

I am writing in response to the public consultation request on the use of complementary and unconventional medicine and emerging treatments.

I support 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.

By way of introduction, I am an Australian trained and recently fellowed GP with an interest in preventative and lifestyle medicine. At present I do not advertise myself as an Integrative Medical Practitioner nor am I a member of AIMA or ACNEM. I have completed some initial training in functional and nutritional medicine and incorporate this into my practice mainly through a strong focus on discussing lifestyle changes in my consultations (e.g. diet, exercise, stress reduction). However, many of the patients I see have ongoing complex medical issues that are not resolved with mainstream medical interventions (e.g. irritable bowel syndrome, chronic fatigue). This has motivated me to pursue ongoing studies in integrative medicine in order to be able to provide my patients with more comprehensive treatment options based on the latest scientific evidence in the rapidly expanding field of nutritional and environmental medicine.

One of my major concerns in your proposal is the grouping and definition of the terms complementary medicine, unconventional medicine and emerging treatments. Not only is it unscientific and misleading to group these terms, but it appears to associate the same degree of potential harm or risk to each group. The concerns as to practice raised on page 8 of discussion and adverse events cited on pages 10-12 of discussion, do not relate to the practice of complementary medicine within integrative medicine. When looking at the TGA reporting of adverse drug responses (ADR) only 1% of ADRs are from complementary medicines, which is far less than the iatrogenic harm caused by general medical practice (appendix 1). Without the grouping of terms, there is little evidence to suggest complementary medicine as practiced in integrative medicine poses a significant risk to patients.

Another concern is that the discussion paper does not clearly define 'conventional medicine' but seems to imply that it is simply medical practices accepted by the majority of health practitioners. The challenge is that "complementary", "unconventional" and emerging treatments" may eventually become accepted as "conventional medicine" with ongoing research and review of guidelines. Practitioners who are on the forefront of research in a particular field, risk stigmatisation and vexatious complaints by colleagues who may not be aware of the scientific evidence base behind their "unconventional" approach.

One recent example of this was the case against ██████████ who endured a 2.5 year investigation by AHPRA for recommending a reduction in carbohydrates for his patients with type 2 diabetes. At the time, this dietary approach was not deemed "conventional medical practice". In 2018 ██████████ was offered a formal apology and

dismissed of all charges. However, since he was first cautioned, Diabetes Australia have released a position statement recognising that a low carbohydrate diet may be an appropriate option for some patients with type 2 diabetes, with evidence of benefit at least at 6 months¹.

This is an example of where an Australian doctor was practising evidence-based medicine outside the accepted realm of "conventional medical practice" but despite no incidences of patient harm (and to the contrary, successful outcomes with many of his patients), had to undergo a lengthy and extremely stressful legal process to ultimately be dismissed of all charges. Indeed, it is for this reason that many of my colleagues, who practice evidence-based integrative medicine, are reluctant to write responses to the Board for fear (whether justified or not) of being misunderstood, misrepresented, or worse, targeted for what mainstream medicine may deem 'unconventional' and by false association, not evidence-based. While I acknowledge that the Board reassures doctors that only a small number of complaints result in disciplinary action, you can understand how cases such as that made against [REDACTED] [REDACTED] can result in practitioners losing faith in, and developing fear of, the medical governing system.

My concern is that creating separate guidelines for "complementary, unconventional and emerging treatments" will create an environment that fosters these types of vexatious complaints. Instead, all doctors should practice medicine that complies with the Good Medical Practice: Code of Conduct to ensure patient safety is prioritised. The Board has not provided evidence that the current guidelines are inadequate, rather it lists several examples of tribunal hearings which demonstrate that the current guidelines are effective in identifying misconduct in practitioners. Therefore, it appears that the proposed new guidelines are unnecessary.

Regarding safety, the proposed new guidelines may actually increase harm to patients by encouraging them to seek practitioners not regulated by the Board for various treatments. There is a public demand for well-trained integrative medical doctors who have both expertise in general medical practice and complementary medicines to be able to discuss all options with a patient and the underlying evidence base for this.

I agree that it would be very useful to have a recognised speciality of Integrative Medicine amongst general practice in Australia and that "Integrative Medical Practitioner" should be a protected term reserved for doctors who have undergone further recognised training in this field. This should be developed in consultation with the relevant boards AIMA and ACNEM.

It is disappointing that the consultation paper does not divulge who the "stakeholders" are that gave feedback on the need for clearer guidelines. I know my integrative medical colleagues prioritise patient safety, and I disagree with the way the Board has sought to address the safety issues raised by "stakeholders". Importantly, AIMA and ACNEM, who are relevant stakeholders and the main bodies representing medical practitioners in this field were not consulted. It does not make sense to me that the Board would create a proposal that stands to greatly affect doctors represented by AIMA and ACNEM and not even consult them prior to releasing a proposal for clearer guidance. The lack of transparency is concerning

and does not foster confidence in the Board's process in developing these guidelines.

While at face value it may appear beneficial to have clearer guidelines detailing the expectations of practitioners utilising complementary, unconventional and emerging therapies, the concerns I have raised (inappropriate grouping of terms, lack of justification for new guidelines, unclear definitions of terms such as conventional medicine, example of a doctor inappropriately sanctioned for using evidence based medicine) should cause the Board to reconsider its current proposal.

I hope that the Board withdraws the consultation paper and draft guidelines and instead moves forward to address the concerns that have been raised by working closely with the peak representative bodies in Australia for Integrative Medicine. We need more collaboration between integrative medical specialists and the Board to ensure that patients are protected, and practitioners are supported.

Kind regards,

A black rectangular redaction box covering the signature area.

References

1. Diabetes Australia. (2018). *Position statement: low carbohydrate eating for people with diabetes*. Retrieved from <https://static.diabetesaustralia.com.au/s/fileassets/diabetes-australia/8b4a8a54-f6b0-4ce6-bfc2-159686db7983.pdf>

Appendix 1

----- Original message -----

From: ADR Reports <ADR.Reports@health.gov.au>

Date: 23/08/2017 15:57 (GMT+10:00)

To: Subject: ADRs for CMs latest statistics CRM:0014116 [SEC=UNCLASSIFIED]

Thank you for your email to the TGA requesting statistics about ADR Reports for CM and pharmaceuticals. I am unclear exactly what information you are requesting as this is very general and broad question. I have provided an overview table comparing the total number of ADR reports to ADR Reports of CM for the last three years. We are currently overhauling the TGA ADR database which will improve the capture of CM in ADR Reports.

Year	All ADR Reports	CM ADR Reports
2014	16,251	171
2015	17,034	209
2016	16,949	280

Adverse Event and Medicine Defect
Pharmacovigilance and Special Access Branch

Therapeutic Goods Administration

Department of Health
PO Box 100
Woden ACT 2606 Australia
www.tga.gov.au

From: [REDACTED]
Sent: Friday, 12 April 2019 9:07 PM
To: medboardconsultation
Subject: PUBLIC CONSULTATION PAPER

As an Australian born and bred resident, I believe that I should have the right to choose what methods I use to address my health issues..... be it conventional or alternate medical therapies, etc.

Thanking you,
Concerned resident.

From: [REDACTED]
Sent: Saturday, 16 March 2019 10:28 PM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments'
Attachments: [REDACTED]
[REDACTED]

Dear Medical Board

I am extremely concerned about the indention to limit the access of Australians to what it calls complementary and unconventional medicine and emerging treatments.

My daughter is bedbound with profound ME as detailed in the brochure After Unrest (attached) which describes emerging treatments for this disease there are some medical experts who are able and willing to help patients. However in general medical practitioners fail the estimated 240,000 Australians with this disease.

The ME Consensus Primer for Medical Practitioners has a diagnostic criteria (attached) and lists treatments. Many of these treatments are used/trialed for patients wltch ME. Many of the treatments used in the USA are not permitted here. IVIG which has been extremely successful in some patients during a trial is not available here for ME patients. Instead patients are left bedbound/housebound.

The level of disability and unique nature of the disease can be determined by CPET tests yet few Australian medical practitioners even know about this 2 day test protocol (attached) for measuring the unique drop in ability to generate energy the day after exercise to maximum capacity. Australian medical practitioners still support graded exercise therapy (GET) and cognitive behaviour therapy (CBT) and have largely failed to implement the self-management practices detailed in the 2011 ME International Consensus Criteria.

The IOM 2015 report in the USA details much about the disease and discusses potential research.

Due to the paucity of research funds little is known about ME despite the estimated 4 billion annual costs to the tax payer. The lack of parity with other diseases is stark when you look at a summary of research versus daly's etc..

Many people with ME are helped by beta blockers, by low dose naltrexone etc...

Where a disease is well studied and management and drug protocols well known your proposal is not so dangerous however in a disease like ME when little research has been done and so little is known patients need access to "unconventional medicine" and "emerging treatments'.

The medical profession often knows much less about the under studied diseases than the patients who have access to the latest research from top universities around the world hence it is imperative that the medical board allows and enables the forward thinking professionals to try and to test complementary and unconventional treatments that on the balance of probabilities will help more than harm.

When a patient is clearly suffering and a drug or treatment offers hope then the patient and the patients practitioner should be permitted to continue to work towards maximising the health of all Australians and not just those Australians with tick the box type conditions that fall within the general medical professions comfort zone.

As a patient who has seen two cardiologists, neither of whom knew how to get a patient to do a 10 minute lean test for postural orthostatic tacyardia syndrome and having had to provide hospital specialists with copies of the Canadian Consensus diagnostic criteria in order to get a sound diagnosis for my daughter, I am not at all convinced that restricting access to treatments by a medical board is appropriate.

In Australia many of the "non expert" medical practitioners promote GET and CBT for people with ME, despite as detailed in the GET-primer this being at odds with the dated guidelines from 2002.

Even when it comes to exercise and ME, a disease characterised by exercise intolerance the medical profession lags the patients and lags the few doctors and biomedical experts with interest and knowledge in the field.

It would be a travesty if progress in medicine was stifled due to practitioners of conventional medicine who label anything outside their sphere of knowledge as psychological and not worthy of treatment.

Medicine needs more not less open minded practitioners and more research and trials into emerging treatments, unconventional medicine, and complementary medicine.

I trust that ALL Australians will continue to be supported by the medical board and patients with rare, uncommon or just over looked are able to find doctors willing to help them and that these doctors are celebrated.

Ways on collecting and collating patient data and how to verify what works and helps and can be used to validate unconventional medicine and emerging treatments that have been found to work.

There are many drugs that started off with one purpose and that are now used for other very different purposes. May this continue.

Kind regards

██████████

Please keep my contact details and name confidential.