AHPRA-MELBOURNE
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28 JUN 2019

Medical Board of Australia

GPO 9958

Melbourne VICTORIA 3001

26th June 2019

To Whom It May Concern

RE: Objection to the Medical Board's proposal to restrict complimentary and unconventional medicine and emerging treatments

I have failed to receive am meaningful diagnosis and effective treatment for my chronic illness of 20 years after seeing many doctors and specialists.

I am seeing a doctor who provides me with the freedom of choice to try complimentary medicine and holistic treatment.

This has greatly improved my quality of life in regards to pain management and treatment of my symptoms. This has allowed me to continue to work through much of my illness and provide for my family.

I strongly encourage the Medical Board to keep the status quo to allow the many thousands of patients who experience health benefits from the choice of complementary treatment.

Kind Regards

[redacted]

[redacted]

Teacher

From: [redacted] [redacted]
Sent: Thursday, 11 April 2019 8:57 PM
To: medboardconsultation
Subject: Submission to MBA Consultation document on complementary and unconventional medicine and emerging treatments

Hello Board
>
> I am [redacted] mother to [redacted] who is 4.5 years old. My email is [redacted]
>
> [redacted] was born with explosive diarrhea every 30 minutes from 4 hours old. Conventional pediatrician was called by the nurses and we were advised "it's normal". She could not stay asleep, even the nurses gave up trying to settle her and bought her back to us to manage.
>
> Pediatric Gastroenterologist prescribed dairy and soy free diet on the phone at 4 weeks which led to no spontaneous bowel movements from 8 weeks until 16 months old.
> Under conventional GPs, gastroenterologist and a surgeon my daughter was losing weight and stopped growing for 12 months. No sleeping, throwing up all food. We were using adult laxatives from 8 weeks, adult doses of reflux medication 10 suppositories a day and advised to put a hole in her bowel via surgery so we could flush it out with saline for the rest of her life.
> She had constant Candida (thrush), screamed in the car, screamed in the pram , screamed every 20 minutes at night.
> We were claiming thousands from Medicare every month in addition to the out of pocket expenses that were bankrupting us. 4 anesthetics and procedures gave no answers or results.
> Our family was falling apart, my husband and I had to take breaks away from the family separately to revive from years of no sleep. Going out was stressful and at times impossible. We were isolated, and at breaking point.
>
> At 16 months after a chance conversation we found an integrative GP, at 18 months my daughter had her first spontaneous bowel movement and we began our wonderful journey to health ever since.
> The treatment included a combination of prescribed medicine and blood tests along with supplements. We needed a GP who could do the blood tests so that we didn't just give supplements Amelia didn't need.
> An example is: Within 2 weeks of using CoEnzymeQ10 and L-Carnitane my daughter started pointing at things and labeling them (she had not done this yet and she was 16 months old) and she went from 8 words to over 40 with 7 word sentences (IN JUST 2 WEEKS!!!)
>
> Diet guidance to remove gluten was one of the most life changing advice we received from this practitioner as it meant [redacted] started eating food that didn't feed the Candida overgrowth and she began to grow.
> We needed a practitioner we could trust that looked at [redacted] in a holistic way and spent an hour every month reviewing what worked and what didn't.
>
> The best part about integrative medicine is it is not about set and forget, as [redacted] gut healed we were able to remove prescribed medicine or supplements till now there is minimal supplements required.
> We have not claimed from Medicare in over 18 months.
>
> [redacted] can pass a bowel movement she is no longer screaming at loud noises like the vacuum cleaner, can eat family meals, sleeps most nights, laughs and plays independently.
>
> Our practitioner was amazing, they assessed [redacted] current state, ordered tests to confirm diagnoses of deficiencies, helped bring those deficiencies into balance and used a combination of conventional and natural treatment. They were so professional, and gave us a regular contact to help us on our journey. 12 months later [redacted] was so well we have been able to move away from the city where her practitioner is and allow another child the opportunity to be healed by this wonderful practitioner.
>
> This is in contrast to the pediatric gastroenterologist who advised advised [redacted] at 14 months would be in and out of doctors and hospitals for life.
>
> PLEASE DO NOT TAKE AWAY THIS SUPPORT SYSTEM FOR CHILDREN LIKE [redacted] WITH COMPLEX HEALTH NEEDS.
> Please support integrative medicine even if only for the reason that it will save the government money! Think of it in $$$ we used to claim $18,000 a year in Medicare for [redacted] Last year we claimed $165 for an eye test.

>
> If you have any questions please contact me as I have X-rays and photos of the before and after Integrative medicine that supports all I say.
>
> Thank you for your time
> [redacted]
>
> Sent from my iPhone

From: [redacted] [redacted]
Sent: Saturday, 13 April 2019 12:01 AM
To: medboardconsultation
Subject: Fw: Consultation on complementary and unconventional Medicine and emerging treatments

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From: [redacted]
Sent: Friday, 12 April 2019 11:58 PM
To: medboardconsultation@ahpra.gov; [redacted]
Cc: [redacted]
Subject: Consultation on complementary and unconventional Medicine and emerging treatments

To the Australian Medical Board,

I am 65 years old and a female. I have suffered for nearly 15 years with the supposedly Chronic Fatigue Syndrome (CFS), and found that conventional medicine has nothing to offer this medical condition and nor do most GP's have much idea about what can help you to try to led any sort of normal life.

I found that GP's simply don't offer any sort of treatment program, whereas my integrative health practitioner has offered many treatments that have contributed to my improvements in my health condition and new and emerging treatments and compounded mineral/nutrients need to be added to considered by the Australian Medical Board as treatments that are required by patients as they have been proven by patients to help and work. The fact that they have 'No Scientific Research" doesn't necessarily mean that that don't work - ask the patients that receive the treatments or compounded tablets/hormones whether they help and stop supporting a broken down medical system that cares more about money and it does about getting their patients better.

The government has a lot to answer for - you have reduced the rebates on Medicare, reduced the blood tests that are possible, want to rid of the integrative medicines, not allow alternative treatments because you don't make money from them, and think that the drug companies medicine is the BEST just because its been tested. Well doctors issue more serious drugs to people every day that they don't test when they issue several tablets at once, who tests these tablets that they are suited to be issued to be taken together - no one - but that's okay because they are drugs issued by drug companies but it is not okay to have a nutrient compounded.

Very sad situation here in Australia, that our Health Care Officials can't see the good that integrative and complementary medical treatments can do to patients.

I urge you all to relook at this situation and open your closed minds, especially if you want us to vote for you this election. Many of my friends and colleagues feel the same. This is a serious matter.

Executive Officer,

Medical Board of Australia,AHPRA,

GPO Box 9958Melbourne

VIC 3001

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

I am a 51-year-old professional female living in Perth Australia

I have suffered with ongoing health issues since I was 21 years old , I had a premature baby due to pre-eclampsia, I suffered unexplained back problems, peri-menopausal at the age of thirty five, digestive issues resulting in malabsorption of nutrients , critically low iron, mercury poisoning as a result of lack of liver enzymes to metabolise environmental and metabolic toxins and two miscarriages to name a few. Symptoms were inconsistent with any medical diagnosis from chronic fatigue, dizziness, hypoglycaemia, low resilience, unable to manage stress. I spent 2 solid years in a desperate state going from one general practitioner and medical specialist to another all of whom were unable to identity or treat any of my symptoms. They all simply wanted to put me on an antidepressant as all they saw was an extremely anxious, stressed and sick person and had no further understanding of the multiple conditions or any treatment options. I finally had a nervous breakdown in 1999 needing to claim income protection as I was not able to work or function. The stress on my family especially my son and my husband who felt helpless and desperate to have me start feeling better.

Finally, after feeling like I was literally going to die I fund a naturopath who quickly identified the mercury poisoning and started linking all the symptoms to a collection of nutritional, environmental, metabolic and hormonal issues left untreated compounded over time.

I then sought out an integrative medical doctor who treated me with intravenous glutathione to detoxify the liver in processing the heavy metals which were at fatal levels. I started to feel better however there were many other systems of my body that were shutting down. I became intolerant to many foods, feeling bloated and with pain had lost significant weight and was unable to get through a day without feeling chronically fatigued.

It was a slow and sure process finally feeling like I wasn't going crazy started to seek out other integrated medicine doctors who specialised in these areas of wellness. It has taken me the last 5 years after using a combination of integrative medicine doctors who treated me with focused nutritional support, bio identical hormone replacement including very low levels of oestrogen and testosterone for hot flushes, constant vaginal and bladder infections and a sex drive that plummeted and now healthy again, DHEA for my energy levels and mental state which I have been on for the last 5 years and cannot be without and thanks to the expertise of the integrative medicine doctors feel like I have my life back and function actively and well in all areas of my life.

With high genetic cholesterol, these levels have normalised, my iron levels have normalised, my cortisol levels which had dropped to dangerously low levels from ongoing stress over many years have normalised, my energy levels and having a healthy state of mind is back, I am less sensitive to environmental toxins and my gut health has improved. The path to recovery has been long having wasted so much time looking for answers in all the wrong areas.

I have had never once had any side effects whatsoever as a result of being treated by integrated medical doctors as my hormone levels, blood and saliva levels were tested every 3-6 months to ensure they were stable and at the right level and modified appropriately as required restoring my faith in the process and in doctors.

If I had had to rely on main stream medical doctors, I would have either committed suicide from shear desperation of feeling so sick and later becoming depressed or I literally would have died from toxaemia as without proper treatment I was being poisoned and this was playing havoc on my adrenal, hormonal, lymphatic and coronary systems. I was never willing to go back and try main stream pharmaceuticals and doctors, why would I, they were not helping, and I was getting more and more sick and nothing they tried was working.

Removing complementary health practitioner's freedom to treat patients in an integrated individual way would be a travesty and a violation of my human right to advocate for my own wellness and choose wellness over sickness. How could the board even consider this? These are medical doctors who have specialised in a field that general practitioners have not. In fact it should become a law that the medical fraternity include complementary medical education to all practitioners they have been given a license to use drugs that come with fatal side effects and you are trying to restrict expert, experienced practitioners who are helping people feel well again with limited or no side effects with products easily available from health food stores let alone medical doctors in other western intelligent countries such as New Zealand, United States, United Kingdom and South Africa to name a few, that are only available in Australia through medical doctors and now you want to restrict them too? Its' unreasonable, unethical, unlawful and undemocratic. You will not be helping us, you WILL be harming us and your obligation as the medical board is DO NO HARM. The pharmaceutical companies are simply threatened when their protocols are not chosen as an option. It should be the patient and doctor's choice on how to treat individuals and not legislated for the masses.

I strongly agree and support the current regulation (at a minimum) (i.e. the Board's Good medical practice) of medical practitioners who provide complementary and unconventional medicine and emerging treatments (option one) are adequate to address the issues identified and protect patients.

PLEASE do not remove my freedom to choose treatment that has made me and keeps me healthy.

From: [redacted]
Sent: Monday, 11 March 2019 8:29 AM
To: medboardconsultation
Subject: Proposed changes to integrative medicine

Dear Members of the Board,

I am deeply concerned about the proposed changes to further restrict the use of alternative medicine.
Not withstanding that Australia is already the most draconian , over regulated country in the world. This will further impede on the right for an individual to choose the kind of treatment that works for them.
I myself was on a man made treatment for an under active thyroid for 20 years when I began to even not remember how to walk and had to think about every step.
My sister in New Zealand told me about Whole Natural Thyroid. I found someone to prescribe it to me(this was used for a very long time before artificial treatments came on line made by drug companies) My life turned around for me and my health returned. As I entered menopause I followed the same path. I now take Bio Identical Hormone replacement , I am healthy and happy. Please reconsider and Do Not further restrict the choice of Australian citizens.

Yours faithfully
[redacted]
Western Australia

From: [redacted]
Sent: Sunday, 12 May 2019 8:11 PM
To: medboardconsultation
Subject: Submission to MBA Consultation document on complementary & unconventional medicine & emerging treatments

I am a 72 year woman who has been seeing an integrative doctor who uses complementary medicine for more than 6 years.During this time I have seen my heath & quality of life greatly improve. At the beginning I was tired,stressed, had high cholesterol and reflux. I was taking 40mg Lipitor & Somac.
Now I am taking only 10mg Lipitor, no Somac but I do take supplements which are changed after blood & other tests or changes in me. I have also changed my diet.
Although I had no physical symptoms of heart problems from other tests I'd had, it was discovered that I had some plaque build up in my heart. I am now treating this to prevent further build up & to reduce what's there.
I am very happy with my health since I've seen this doctor even though it is more costly for the longer visits, extra tests not covered by Medicare and supplements.It's important to me that my body is treated as a whole & that it's not just the symptoms but also the root cause of them that are treated.
I started seeing this doctor after witnessing the dramatic improvement in my grandchildren health after they consulted her. My grandson had glandular fever when he was5 and then he developed chronic fatigue. He didn't improve with conventional medicine but after treatment for leaky gut & bad gut biome involving changing his diet and taking supplements his heath greatly improved & he is now a 16 leading a normal life including playing sport.
My granddaughter also sees this doctor and when see eats as has been recommended & takes the supplements her health is good but when she wants to be like other teenagers and eat whatever she wants and doesn't take supplements her body becomes inflamed & when she becomes tired her body reacts & she experiences pain in different parts of her body. Recently she had severe pain in her back & head and was admitted to a public hospital but after many tests no cause for the pain could be found. When she returned to the integrative doctor and followed the doctor's recommendations her pain disappeared within a week.
You can see why I have great faith in this doctor In summation I would like to see no changes to rules governing integrative doctors as from by experiences they do an excellent job and I oppose the introduction of regulations that might stop me choosing the doctor I want and that could decimate integrative Medicine[redacted]

From: [redacted] [redacted]
Sent: Friday, 5 April 2019 8:35 AM
To: medboardconsultation
Cc: [redacted]
Subject: Consultation on complementary and unconventional medicine and emerging treatments

To the Medical Board of Australia,

I write regarding the Board's public consultation paper on *"Clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments"* and specifically to support the consideration for *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.*

I'm not a doctor or a practitioner. I'm a member of the public who has received treatment from both traditional GPs and integrative GPs. In my experience the level of care, the level of analysis, and the end outcomes achieved have always been favourable to integrative medicine especially as it relates to more complex health matters.

In my specific experience, integrative GPs do full hour deep dive consultations backed by data obtained through poo, wee, saliva, hair, blood, and lipid tests. They have solved gut issues that have had me vomiting uncontrollably for 2 years which multiple traditional GPs could not solve for through their 10 minute consultations with various misdiagnosis' almost always dealt with ineffectively through a course of anti-biotics.

This is my n=1 experience.

I write to support option 1 as described above and to advise my strong opposition to any plans to restrict the use of integrative medicine in Australia.

Kind regards,

[redacted]

[redacted]

[redacted]

From: WordPress <wordpress@integrativemedicinefreedomofchoice.com>
Sent: Friday, 14 June 2019 12:38 PM
To: medboardconsultation
Subject: [Freedom of Health Care Choice] Please moderate: "Hello world!"

A new comment on the post "Hello world!" is waiting for your approval
https://integrativemedicinefreedomofchoice.com/hello-world/

Author: [redacted] (IP address: [redacted])
Email: [redacted]
URL:
Comment:
The current proposal by the AMB regarding effectively restricting the use of complementary medicines should be reviewed.

As a case in point my wife had been advised by her Specialist Neurologist that no further treatment was viable. However after several months of complementary treatment her condition has improved remarkably.

For this reason we feel that patients should have a choice.

[redacted]

To Whom it May Concern.

I am writing regarding the change of policy the Medical Board is proposing around the scope of practice for GP's. I understand that they wish to place much more control on the practice and prescribing rights of GP's.
I wish to voice my opposition to this action.

My daughter has suffered from chronic fatigue and fibromyalgia, with associated GIT pain and dysfunction. Her first experience with our GP resulted in 'I don't believe in chronic fatigue, take these antidepressants and come back in a month'. At this point she was not getting through a day at school and had lost about 15kg. After finding a GP who was prepared to listen to her she saw a:

- Cardiologist
- Gastroenterologist
- Rheumatologist
- Physician
- Sleep specialist

All, after much investigation could find nothing wrong with her. She also saw a psychologist who confirmed she was not depressed.

A GP was recommended to us who had much experience in treating patients in her condition. He arranged many investigations and prescribed many herbs and system supportive medications as well as pain relief and antibiotics. Under his care she initially made no improvement but after a time she began to turn a corner and has been slowly improving ever since.

I work in the medical field. I am not ignorant or uninformed. My daughter and I haven't had the wool pulled over our eyes by a charlatan who is apparently trying to take all our money.
The care she has received has been of the highest quality, and the results speak for themselves

There are two main issues that I see as significant here. The first is the right to choose, and the second, resistance to change.

The right to choose is under attack across the board in the current climate. We are being told what is politically correct to think, to say, to do. Those who publicly step out of these dictated boundaries are punished, not by the law but by those who have an agenda to push, and by the media. Israel Folau is a pertinent example of this.
Having broken no law, and having the right to free speech, he is sacked and his contract terminated because he dares to voice an opinion different than the politically correct one.
Just because those in authority disagree with the direction of care given by certain GP's doesn't mean that:- 1) the GP is unethical or negligent , 2) the GP is a fraud, or 3) the public needs protection from said GP. It is imperative that the informed public has the right to choose the care that we want, without being dictated to by those who believe that they know what is best for us.

Change is difficult to accommodate for most people, in many situations.
Deviation from the accepted norm had always been difficult for the medical fraternity to embrace. From Semmelweis (1847) trying to instigate hand washing with antiseptic to reduce deaths from ‘childbed fever’, to Marshall and Warren (1982) who discovered Helicobacter pylori as the cause of gastritis and peptic ulcers, the resistance to new ideas and evidence has been strong. I am aware that Lyme disease and ‘Lyme-like’ illness are currently a matter of much debate and denial in the medical field, as is chronic fatigue. I don’t have the evidence to argue either side, apart from my own experience. It will be interesting to see what research reveals in the future.

I ask that you leave the law as is and take Option 1, to allow GP’s freedom to practice within the law and within their scope of practice, but without the excessive control that Option 2 would result in. This would also allow the competent adults who make up the general public, to do their own research and to make their own choices regarding their own health and that of their families.

Thank you for considering my opinion.

[redacted]

From: [redacted] [redacted]
Sent: Friday, 12 April 2019 1:14 AM
To: medboardconsultation
Subject: Regulations governing Complementary and Unconventional and Emerging Medicine

The Executive Officer,

My name is [redacted] I am 58 and a resident of New South Wales.

I have become aware that the Medical Board of Australia is intending to place greater regulations on Integrative Medical Practitioners providing complementary, unconventional and emerging medicines and therapies. My daughter became very ill during her HSC six years ago and following three hospital admissions there was no diagnosis for her condition. After being severely ill for six months, multiple emergency doctors, a surgeon, her Gp and a paediatrician could not isolate or find what was making my precious daughter ill.

The doctor that could and did diagnose and successfully treat her condition was a brilliant Integrative Medical Practitioner who ordered a simple blood test available to all medical practitioners and yet not one previous single practitioner did. She was found to have a infection called Mycoplasma Pneumoniae and then treated holistically and monitored very closely using a combination of traditional medicines and supplements. My daughter is recovering successfully and has managed to attend University, play soccer and live a full life because of this amazing, accomplished ,broad minded, well researched and informed medical practitioner. I can't speak highly enough of this doctor, without doctors like him I can't imagine what my daughters life would be like today. I believe it is mine and every Australians right to freely choose to see registered Medical Practitioners for specialised advice and treatment with an integrative medical approach combining the best of both orthodox and natural therapies with the latest research.

We are grateful every day that we found such an accomplished Integrative Medical Practitioner that saved my daughters life. Who always discusses with her the options for treatment including the benefits and potential risks and treats her with the greatest respect at all times. I was so proud and pleased that the Australian government and Medical Board were encouraging such amazing doctors to practice and lead the way with research and progressive holistic health care. So I hope and pray for the benefit of the Australian public that the Medical Board of Australia continues to support the current existing guidelines for medical practice in Australia.

I believe should the Medical Board choose to increase regulations it should equally apply to All medical practitioners, with the same obligation to provide informed quality health care and continued research to improve the quality and options available. No regulations should be discriminatory or create a double standard where one group of medical practitioners must practice under a stricter set of guidelines than the other practitioners. It is the Boards responsibility to protect our right to choose our medical treatment, including the ethical use of Complementary and Unconventional and Emerging Medicine. I ask that the Board accept that Integrative Medicine, utilising Complementary or Unconventional or Emerging Medicine as well as conventional medicine, be recognised as a specialty.

We so desperately need to continue to support the practice of Complementary and Unconventional and Emerging Medicine because it fills a gap in our health care system where so many people find the affordable quality care they so desperately need to return to full health that's not available any where else.

Kind regards,

[redacted]

From: [redacted] [redacted]
Sent: Sunday, 23 June 2019 11:20 AM
To: medboardconsultation
Subject: new guidelines for ‘complementary and unconventional medicine and emerging treatments

I have some concerns about the motivation and intention of those who would label some medical treatments "unconventional". While I think it is vital to expose dangerous treatments that are frequently sold through the internet without adequate regulation, I fear that Integrative Medicine may be inadvertently caught up in a poorly understood argument.

After decades of being dismissed by patronising GP's and specialists who ignored my complaints of agonising stomach pain and diarrhoea, an Integrative GP finally took the time to carefully explore my symptoms and discover that I was living with coeliac disease. This diagnosis has been transforming in my life.

I am an intelligent woman with a doctorate and appreciate the time and scope that integrative medicine practitioners use to investigate imbalances in my whole body rather than the methods that GP's are forced to employ in rushed minutes to stab a guess at a presenting symptom.

Please ensure that integrative medicine is given the respect it deserves when establishing new guidelines for medical practise.

Regards

[redacted]

From: [redacted] [redacted]
Sent: Wednesday, 3 April 2019 12:54 PM
To: medboardconsultation
Subject: Complimentary and Unconventional and emerging Medicine

Dear Sir/Madam
I am a 58 year old female who has been acutely and chronically unwell now for the last 17 years. I live in Sydney NSW, for the sole purpose of being able to attempt to support myself, and most importantly, I have access to health practitioners that are able to support me in my incredibly difficult daily life.

Since the beginning of this illness, which is complex and multidimensional, I have had difficulty in receiving correct diagnosis, appropriate medical support, and as a result have unfortunately suffered abuse by the medical system which has led to a diagnosis added to the already onerous list of diagnoses, of PTSD. All of this is documented and can be easily attained through my GP, an Integrative Medical Practitioner, Specialist Neurologist and Palliative Care Specialist who are now the sole supporters of my health management.
Much of what has happened to me, has been written through Articles in Medical Journals in 2013, to support others in my situation, to avoid the issues I have fallen prey to. They all work closely with each other to provide me with safe medical treatment without the enormous difficulties and abuse that I suffered prior to their ,medical support.

I do see an Integrative Medical Practitioner on a regular basis, who is the person who has kept me alive while Allopathic medical doctors, in Sydney hospitals, left me to die. The culmination of this incredibly poor treatment led to an extended admission to the ICU at [redacted] Hospital in [redacted], in a septic coma, at the beginning of 2013, followed by transfer to [redacted] Hospital [redacted] for another extended stay, and eventually rehabilitation at [redacted] The coma was the result of being denied treatment for Septicaemia by two main hospitals in Sydney, [redacted] [redacted] and [redacted] during the 14 months of constant Septicaemia that I suffered from the end of 2011- 2013.

Without my integrative medical Dr I would no be here now, my husband would be a widow and my children without a mother. I would not be employing staff for my business, totalling 15 at this point, who would all be requiring employment elsewhere. I have great difficulty working at all, but attempt to do my best to support my family and myself and to pay the horrendous medical and pharmaceutical bills that I have each month. I receive no government support at this time, regardless of the fact that I should.

If you decide to penalise the only Drs; Integrative Medical Drs, and Drs who practice Complementary and Unconventional and Emerging Medicine, I will be forced to have only the support of the medical system that has led me into these 17 years of pain and disability and has taken me to the brink of death on more than one occasion.

I value my independence, my option to choose the medical treatment that I know works best for me, and the ability to be able to afford the treatment I choose. I work hard for these rights every day of my life and will continue to, as long as all Drs are treated equally and fairly. If the Medical Board decides to penalise Integrative medical Practitioners and their patients I will no longer be able to continue working and am aware that I will be bed bound moving forward, 12 months of every year. My Integrative Medical Dr offers me options, not provided by my specialists, which allow me to work and function to a degree that is not possible without these choices.

I implore you to:
1) Retain the status quo for all medical practitioners, option 1.
2) If the Medical board decides to choose option 2, the following seems only fair:
    a) These changes apply to all medical practitioners with the same onus of exhaustive exposition of all treatment options, research etc, and
    b) That the board accept that integrative 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 new regulations.

There are so many people like myself, trying to live a life that is not completely useless, that are only able to because of these incredible, intelligent, honest and hard working Integrative Medical Practitioners.

Please don't send me forward to a life of being bedridden, at home with multiple extended hospital stays each year, leading to a life of living in poverty on disability payments from the government, unable to afford to have treatments that **allow me to have a life worth living.**
Sincerely
[redacted]

From: [redacted] [redacted]
Sent: Friday, 28 June 2019 12:37 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

I choose **Option 1:** “no new regulations are required for doctors practising in the areas of complementary medicine and integrative medicine.
Conventional medicine provided no answers about why I was sick in 2017, nor why my mother has been sick for the past 27 years and we both need(ed) medical care with a wider range of diagnostic and treatment options.

From: [redacted] [redacted]
Sent: Thursday, 7 March 2019 7:05 PM
To: medboardconsultation
Subject: Public Consultation on complementary and unconventional medicine and emerging treatments

Good Evening,

My submission in relation to this attempt by the Medical Board to stop anyone having free thought and will to decide their own healthcare needs is multi-faceted.

We are the decision makers for our own health. No governing board has the right to take away these freedoms. Just as abortion laws have stated women's bodies their choice. This is also about my body and my choice.

I use western medicine and complementary medicine with great success. Sometimes you need to address the body as a whole and not a symptom. I have a child with complex medical needs. She reacts to nearly every drug she has ever been given. In order to keep her healthy and vibrant it is necessary for her to see a range of practitioners guided by a paediatrician. She sees chiropractors, naturopaths, functional doctors, integrative doctors to name a few. She does not fit within a neat little box.

I myself have multiple medical issues from caring for so long for my daughter and my other children have anxiety. We all use a combination of medical modalities with great success. This is OUR CHOICE and OUR DECISION over OUR BODIES.

I believe that this legislation is over stepping the mark into individual rights and freedoms.

[redacted]

From: [redacted] [redacted]
Sent: Thursday, 28 March 2019 4:06 PM
To: medboardconsultation
Subject: Integrative General Practitioners

To whom it may concern

My name is [redacted]. As an Australian citizen I feel I should have the right to choose what methods I use to address my chronic health issues. I have been suffering from Chronic Fatigue Syndrome and Chronic Inflammatory Response Syndrome on and off for most of my life. Conventional medical doctors have not been able to successfully treat my conditions or symptoms. Using a G.P. prescribing pharmaceuticals and the use of conventional methods simply did not work (and in some instances also delivering unwanted side-effects and making my health worse) seems to waste far more Medicare funds and resources. Until I saw an integrative medical doctor who included lifestyle change, diet and supplements to address my problems, my condition gradually became more chronic. If I cannot see an integrative doctor, my health will deteriorate again and have a continuing impact on my family, my work, and my well being.

Yours sincerely

[redacted]

From: [redacted]
Sent: Saturday, 16 March 2019 6:52 AM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

To whom it may concern,

I want to comment on my experience with integrative medicine. I sought an alternative medical approach for my condition since standard medicine had not been able to provide me with sufficient answers or bring about an improvement in my symptoms.

I suffer from PCOS and also suffered from Irritable Bowel Syndrome and severe acne. Countless visits to mainstream practitioners over the years (dermatologists, gastroenterologists etc) were not able to improve my symptoms. I was prescribed medication to alleviate the acne but could not take it due to the risks associate with pregnancy and breastfeeding.

Six months after seeing an integrative GP, my skin cleared up (without having to take harmful medications) and my IBS is now practically non-existent.

I am thankful to the mainstream medical world for diagnosing me with Coeliac disease and providing support in that area. However it is thanks to integrative medicine that I was able to address the underlying causes of my other symptoms, rather than applying bandaid solutions which would only mask the problem.

I think it’s important that patients have the choice as to which practitioners they seek for healing. I hope that any guidelines that come in will not prevent integrative medicine from doing the fantastic work that it is doing. I have seen so many success stories with this approach.

Regards,

[redacted]

From: [redacted] [redacted]
Sent: Tuesday, 7 May 2019 5:19 AM
To: medboardconsultation
Subject: Regarding public consultation

Medical Board Submission.
I am writing regarding the public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments.

As an Australian citizen and resident I feel it is important that I have the freedom of choice in the type of medical care that I use to address my chronic health issues.

I am suffering from Leaky Gut, gluten and dairy intolerance, Autoimmune disorder, under-active thyroid and other associated symptoms that accompany these issues.

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 seemed to waste Medicare funds and resources.

It was only when I saw an integrative medical doctor who included lifestyle change, diet and supplements of vitamins and minerals to address my problems that my condition began to improve.

If I cannot see an integrative doctor, or the Doctor is restricted in what he or she is able to prescribe for me, I feel that my health will deteriorate and this will have a continuing impact on my family, my ability to function with work and my well being.

As an Australian citizen and resident I believe that we should be able to choose our medical pathway that is helping us to heal and become self-sufficient, not reliant on pharmaceutical prescriptions that list debilitating side effects. Diet and life-style changes do not list these type of side effects.

Taking away our choices in this matter will be placing our country into a controlling “big brother” country even more.

Concerned

[redacted]
7th May, 2019

From: [redacted] [redacted]
Sent: Tuesday, 7 May 2019 5:23 AM
To: medboardconsultation
Subject: Regarding public consultation

Medical Board Submission.
I am writing regarding the public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments.

As an Australian citizen and resident I feel it is important that I have the freedom of choice in the type of medical care that I use to address my chronic health issues, and also that of my wife.

My wife is suffering from Leaky Gut, gluten and dairy intolerance, Autoimmune disorder, under-active thyroid and other associated symptoms that accompany these issues.

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

Pharmaceuticals and the use of conventional methods simply did not work and seemed to waste Medicare funds and resources.

It was only when she saw an integrative medical doctor who included lifestyle change, diet and supplements of vitamins and minerals to address her problems that her condition began to improve. This knowledge has also helped me to make changes that have improved my overall health as well.

If we cannot see an integrative doctor, or the Doctor is restricted in what he or she is able to prescribe for us, I feel that my health will deteriorate and that of my wife and this will have a continuing impact on my family, our ability to function with work and overall well being.

As an Australian citizen and resident I believe that we should be able to choose our medical pathway that is helping us to heal and become self-sufficient, not reliant on pharmaceutical prescriptions that list debilitating side effects. Diet and life-style changes do not list these type of side effects.

Taking away our choices in this matter will be placing our country into a controlling “big brother” country even more.

Concerned

[redacted]
7th May, 2019

From: [redacted]
Sent: Thursday, 11 April 2019 10:36 AM
To: medboardconsultation
Subject: Re: Medical Board Submission

Dear Sir/Ms,

Regarding the public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments

As an Australian citizen I feel it's important that I have the freedom of choice in the type of medical care that I use to address my chronic health issues. I have been suffering long term from several conditions including Interstitial Cystitis, and Histamine Overload. I have an extremely good GP but conventional medical doctors have not been able to successfully treat my condition and bring me to a satisfactory level of health.
This is due to the fact that they are very good at diagnosing the symptoms if they fit the medical textbooks and the recommended pharmaceuticals. In my case I did not fit the textbook nor the pharmaceuticals and the use of conventional methods simply did not work. I was getting worse and felt I was wasting Medicare funds and resources.

In much pain and after a long and exhausting 12 months of getting worse not better, I sought out an integrative medical doctor who looked at my whole system, my medical history, lifestyle, diet and supplements and came up with a plan and my condition began to improve. 4 months on and my pain level has almost returned to nil and my whole system feels like its working as it should. I was desperate for someone to turn to by the time I discovered there was such a thing as an integrative medical doctor. How I wish there were more of these doctors and they are more accessible to the many patients who could get better with the right care. How I wish our GP's looked further than diagnosing the symptoms.

My own GP had run out of options for me and I had decided I couldn't live long term with the extreme pain. Sending me to more specialists was just wasting Medicare funds, my time and limited energy.
If I can't continue to see my integrative doctor, or the Doctor is restricted in what he or she is able to prescribe for me, I know my health will deteriorate and have a continuing impact on my family, my work, my wellbeing.

[redacted]

From: [redacted]
Sent: Thursday, 27 June 2019 5:50 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

Attention - Medical Board of Australia

email medboardconsultation@ahpra.gov.au

from [redacted], consumer

email [redacted]

Subject:

Consultation on complementary and unconventional medicine and emerging treatments

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

I have chosen to see Integrative Medicine doctors because:

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

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

Conventional approaches for my hyperthyroidism included poisoning the thyroid to kill it, and surgical removal which meant that the financial burden of that would be borne by Medicare and the PBS, as ongoing pharmaceutical treatment would be needed for the rest of my life.

I declined this and together with the assistance of a Thyroid literate naturopath, an acupuncturist who trained in Chinese hospitals and who later trained in Low level laser treatments in hospitals in Germany, a Bioresonance practitioner who trained in German hospitals, and a Biological Dentist, I now have a working thyroid, at no burden to the tax payer. My doctor remained my support both in blood tests and overview through this whole journey as he was open minded enough to understand that modern medicine has no cure for this disease, but that others could offer insights that made a difference.

3) I have been harmed by conventional medical treatment, and needed to find other options. Conventional treatment for hyperthyroid made me very ill.

4) I prefer non-drug approaches for managing my family's and my own health or illnesses. Even properly prescribed pharmaceutical drugs come with side effects.

5) I am very happy with my GP for simple treatments within brief consultations, but I want to go further with prevention and a deeper understanding of what I can do for myself and my family. My integrative medicine doctor provides me the time and knowledge to do that. For all accident and emergency issues a doctor with their current training is wonderful.

6) I want more from my doctor. More time. More understanding of causes of illness. More power to understand the ways in which I can improve my health to reduce my need for drugs, surgery and medical appointments. My Integrative Medicine doctor provides these for me in a way that 10 minute consultations with doctors cannot.

I have concerns about the proposed regulations because:

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

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

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

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

Yours sincerely

[redacted]

27th June 2019

From: [redacted]
Sent: Sunday, 30 June 2019 6:41 PM
To: medboardconsultation
Subject: FW: Consultation on complementary and unconventional medicine and emerging treatments

I choose Option 1..no new regulations are required for doctors practising in the areas of complementary medicine and integrative medicine."
Conventional medicine was making my husband sick. We sought advice from a doctor who is experienced in conventional and integrative medicine. He enabled a wider range of diagnostic and treatment options which have been effective in my husband sustaining good health the past 14 years.
There is no demonstrated need to regulate Complementary Medicine or Integrative Medicine. These are safe practices that need no further regulation.
I am ashamed that our medical profession are not working to better understand preventative and non-drug approaches . This is what your patients would expect from those they trust for help and advice.

From: [redacted]
Sent: Thursday, 11 April 2019 9:32 AM
To: medboardconsultation
Subject: Re. Integrative medicine.

To whom it may concern i would like to express my concern as an AUSTRALIAN citizen on a clearer regulation of Medical practitioners who provide complementary and unconventional medicine and emergency treatments.
I feel it is important that i have the freedom of choice in the type of Medical care that i use to address my chronic health issues.
I have been suffering from Menopause issues for the past 20yrs, and Hashimotos Disease for the past 6yrs .
Conventional medicall Doctors have not been 100% successfull in treatment off my conditions to bring me to a satisfactory level of health.
Pharmaceuticals and the use of conventional methods simply did not work and to me that seemed a waste of Medicare funds and resources.

It was only when i saw an intergrative Medical Doctor who included lifestyle change , diet and supplements of vitamins and minerals to address my problems that my conditions began to improve .

If i can not see an intergrative doctor, or the Doctor is restricted in what She or He is able to prescribe for me , i feel that my health will deteriorate and have a continuing impact on my familt ,and my wellbeing

Kind Regards.

[redacted]

The Medical Board of Australia,

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

I want to comment on certain aspects of the proposed regulation of medical practitioners providing complementary medicine by the Medical Board of Australia (MBA). Does the MBA recognise the consequences of proposed regulation regarding the right to health and choice? Does the MBA support such rights?

You should implement OPTION ONE, it will lead to fewer deaths.

When I read the proposal it is clear you have engineering a perception of public danger to regulate complementary medicine. You have clearly decided the outcome prior to the consultation process because you published a preferred regulation. You state the discussion paper is in response to 'concerns raised by stakeholders about this area of practice'. However, no evidence has been provided in the discussion paper that quantifies risk or relative risk in practicing complementary or integrative medicine compared with 'conventional' medicine.

You have subsequently commented complaints are not actually from patients!

What is driving this need for regulation? It would appear the "Friends of Medicine in Science" (FSM). You fail to disclose the chair (Dr Anne Tonkin) is actually a member of this group as is one or two other board members. Sure she removed her name sometime after February 2019, but most people know she has been a member since 2012.

This is clearly a conflict of interest. It would never survive in business! But it doesn't matter the whole process is dishonest.

Evidence burden

The FSM is campaigning on a platform of valuing scientific rigor and sound research and established scientific knowledge published in peer-reviewed journals; they are opposed to complementary medicine labelling such views as "extremists". Similar research hurdles are expressed in your consultation paper.

Your views (as are FSM views) appear to be anchored by an academic view of medicine rather than real practitioner experiences of dealing with emerging illnesses which academia has yet to understand, acknowledge and research (recall AIDS/HIV). A good example of this is biotoxin illness which is what many of us have.

I am familiar with the R&D priorities of large US and European pharmaceutical companies. They are not investing R&D dollars into biotoxin illness, CFS, ME etc. As a result it's going to be hard to produce "sound research and established scientific knowledge published in peer-reviewed journals" for emerging illnesses because who is going to pay for it? Not the drug companies.

Let me provide you with a tangible example. Both you and FSM want to stop IV vitamin C infusions. There are peer reviewed research papers on this treatment for use in cancer and other conditions but not many because you cannot patient IV vitamin C solution therefore the drug companies are not interested.

There is growing alarm global warming will create a global mosquito disease pandemic. In Australia, we have Ross River Fever (RRF) although the research suggests dengue fever will spread. IV vitamin C has been successfully used to cure RRF for years by integrative doctors. RRF was reported in Sydney Olympic Park last month. It is a recognised mosquito disease for which traditional medical practitioners claim there is no cure. OMG, so we should stop IV vitamin C use because there is not sufficient research despite clinical efficacy?

Medical practitioners are using complementary and unconventional medicine to treat chronic illness in the absence of established successful treatment protocols. It isn't practical" to set an evidence burden with established scientific knowledge for an emerging chronic illnesses. It's illogical!

Rather the MBA/FMS should be collating clinical outcomes and learning how these pioneering practitioners restore health and save lives.

Large numbers of Australians use complementary practitioners

The results of a patient survey regarding complementary and alternative medicine use in Australia published in The Royal College of General Practitioners 2017 (VOL.46NO5,MAY 2017) revealed:

- Two thirds (76% university educated) of patients used some form of complementary and alternative medicine in the previous 12 months. The main reason for the visit was management of long term illness (51%)
- 60% agreed complementary medicine improved wellbeing
- 27% agreed complementary medicine can treat illness
- 13% felt could prevent illness

If patients are being helped by complementary medicine, why should the concerns of FSM which are not patient centric, have any merit? Why would you withhold treatment to the detriment of patient health and longevity? How could a group of Doctors which signed Hippocratic Oath knowingly withhold medical treatment the result of which is pain and suffering? Possibility due to ignorance, arrogance or compromise.

The greater danger

I am particularly concerned about people with biotoxin illness (from vector borne illness and mould) as this is a growing illness, worldwide, which mainstream medicine doesn't understand and therefore claims it doesn't exist.

You state you have concerns about 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.

OMG, you are the danger as withholding treatments for biotoxin illness, particularly infection from tick bites, will result in neurological disease and probably premature death. It will certainly ruin your life. This is an emerging illness for which there IS NO EFFECTIVE ALLOPATHIC medical protocol. There is however, CLINICAL EVIDENCE approaches pursued by integrative doctors works. I am evidence of this!

If your proposal goes through it will be almost impossible for integrative doctors should they survive, to treat tick bites with antibiotics. I cannot emphasis enough the danger such guidelines will place sick patients in. The bacteria from ticks are like tuberculous but worse - they leave the blood stream and attach organs etc. If you don't treat aggressively upon diagnosis you will get neurological disease and people, kids will lose their lives to this insidious infection.

My experience, I was bitten by tick in July 2015. I have a medical record showing tick removed and no antibiotics prescribed. Six months later couldn't walk, breath, function. Very ill, loads of reports revealing illness. Super fit and on no meds prior to tick bite. What caused my acute illness? It couldn't be a tick because it's not convenient for whom? Live cattle export business? Friends of medicine in science? Medicines Australia? You!

I needed two and a half years antibiotics to neutralise bacteria before employing other techniques to stabilise myself. I have a great local Doctor and while I could access oral and IV antibiotics, nutrients etc there were additional IV nutrients not available in Australia, plus stem cell therapy and hyperthermia. I retained a German doctor and a Professor. These people are the most gifted medical professionals I have ever met. Integrative and complementary medicine is clearly the future as it restores health and save lives.

I have reviewed the board representatives and wonder doesn't anyone have kids or grandkids?
The consequences of option 2 will be to harm innocent kids. I know many at risk. I hope you find a conscience and exercise compassion.

Thanks for your consideration

PLEASE PUBLISH

[redacted]
29 June 2019

Submission to MBA Consultation document on complementary and unconventional medicine and emerging treatments

My name is [redacted]. I am a retired high school teacher of Ancient History and English. I have an Honours degree in German Literature. My email is [redacted].

I look much younger than my age. I am also a silversmith, making jewellery, and I practise yoga. I am studying Italian, reading serious books in the language, which is beneficial for my brain.

I have just turned 80, which is hard to come to terms with. I am a patient of an integrative physician. I was diagnosed with Alzheimer’s Disease in September 2015. I have tried regular doctors, who left me very dissatisfied with their treatment, or rather, lack thereof. I felt that the conventional doctors simply gave up on me.

Therefore I turned to integrative medicine, as my last resort. I was very relieved to find somebody who could help me and who listened to my concerns. My health improved and has now been stabilised at a level that I am happy with.

After undergoing many tests, I was prescribed a multi-factor protocol for Alzheimer’s Disease, consisting of dietary changes, exercise, removal of toxins, nutrient supplementation, hormone replacement therapy, fasting, stress reduction, good sleep, plus dealing with infections.

My Moca score improved from 13/30 on 15.9.15 to 24/30 on 23.1.18. A healthy score is 26-30.

My integrative doctor practices what he preaches, ie he lives a super-healthy lifestyle and looks the picture of health. I responded immediately to him and his method. He is an excellent listener, answers questions willingly and varies his methods as needed. He works closely with a nutritionist, who is also very supportive.

Above all, both have time for me and are eager for me to improve and to continue my rewarding lifestyle. The downside of integrative medicine is that consultations take much longer than usual, and are consequently much more expensive. However, the doctor gave me hope and a health-inducing programme to follow, and that is worth the expense.

From: [redacted] [redacted]
Sent: Sunday, 26 May 2019 9:38 PM
To: medboardconsultation
Subject: Public consultation for intergrative medicine

Good Morning

At 47 I was diagnosed with Parkinson's Desease.

I was placed immediately on madopar with substantial side effects.

For the last 6 months I have been seeing a GP which practices in integrated medicine.

Her approach has been remarkable to say the least and has provided great results.

As of April the 18th 2019 I am now off Madopar and using another integrated approach which might I add has received complete approval from my Neurologist.

This course of action and result simply would not have been possible without my GP who also specialises in intergrative medicine.

I am proof that the two can exist professionally and would urge the MBA to resist any proposed changes to GP's practicing intergrative medicine.

Added to my concerns is that I can't see any point at limiting consumers choices and driving business away from GP's to naturopaths of which most should not even be allowed to practice anyway in my opinion.

The MBA can contact me anytime to discuss further on [redacted] or [redacted]

Yours faithfully

[redacted]

From: [redacted]
Sent: Tuesday, 21 May 2019 9:28 PM
To: medboardconsultation
Subject: Medical Board Submission

medboardconsultation@aphra.gov.au

RE: Public Consultation re further regulation of Medical Practitioners who provide Complementary Medicine & Emerging Treatments

I am an Australian citizen and resident. I therefore believe in “a fair go”, in individual rights, especially the right of every Australian to choose their own personal health care.

It is extraordinary to me to find that a Medical Board in this country thinks it has the right to limit my personal health choices and is attempting to do so by attempting to regulate those in their own profession who clearly appreciate and understand the multidimensional nature of chronic health issues & therefore, the comprehenisive approach they require. Prescribing pharmaceutical drugs is so limited in approach & effectiveness, plus very costly for taxpayers.

Heavy metal poisoning from amalgam fillings, chronic fatigue and lyme disease from numerous tick bites are all chronic health issues I have experienced. Conventional medical doctors have been unable to offer successful treatment for me. Drugs prescribed as treatments did not help and only added to my body’s toxic load. Only after finding integrative medical doctors, taking supplements of minerals and vitamins and following their specific dietary & lifestyle requirements, have I been able to find any major improvements in my condition. Without their help, comprehensive knowledge and understanding of my conditions, I have no doubt my health would have continued to deteriorate.

Please don’t ruin my Australian rights and freedoms.

[redacted]

21st May 2019

From: [redacted] [redacted]
Sent: Thursday, 18 April 2019 8:51 PM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments

I am deeply concerned with the proposals being looked at in regards to compounding pharmacies, herbal treatments, vitamins and minerals. I do understand that there needs to be a guide so that patients are not taken advantage of too.

It took me 9 years to find help and a diagnosis so that i could start living a normal life. For 9 yrs i had inadequate testing and doctors were under qualified. For my symptoms i was simply given more and more pharma drugs. A lot in my situation simply ended up on a disability pension. I was determined not to go down that path and i set out to do all my own research online, via health groups, medical articles etc. First i found relief for one area via a naturopath. Next i decided to tackle another of my numerous symptoms. I phoned 5 different practitioners and only one could answer my trick questions. He was the one who ended up diagnosing me via the correct tests, yet it wasn't his field. The fresh tests, showed i had an auto immune disease. My new found practitioner then forwarder me to an integrative doctor, who started me off on the standard meds given to everyone with my illness. It didnt work, just as it doesnt work for a lot of others. So i was put on compounded meds instead, which worked. He also ran other tests through a private lab, for which i paid for the tests, as the medicare tests dont show the full picture. I was more than happy to pay for my own tests. I just wanted the correct diagnosis.

In just 4 months i had gone from feeling like a foggy mess, no energy or motivation, to someone who could do a marathon. To think I'd spent 9yrs getting worse and worse and now i had my life back. It is also disconcerting to learn that doctors only spend one hour at university studying my condition, yet spend no time learning the other factors involved in my condition.

If i had not had the option of an integrative doctor, the right tests and then compounded medication, my next step would have been applying for a disability pension. Now, 10 years later, i work, pay taxes and have quality of life due to proper medical treatment and appropriate medication for me as an individual. I can thank my integrative doctor for having taken the initiative, post university, to actually be a real doctor and help people get better using a combination of pharma drugs, compounded meds, vitamins and minerals, as all have their place as its all individual.

I dont want medicine to be a one size fits all, which it appears we are heading towards. I dont want to end up out of work and on welfare, simply due to a change in policy. I dont want others to wait a decade to get just a diagnosis for something which is common.

Regards
[redacted]

From: [redacted] [redacted]
Sent: Monday, 8 April 2019 10:33 AM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

As an Australian citizen/resident I feel it's important that I have the freedom of choice in the type of medical care that I use to address my chronic health issues. Natural remedies have been used by all indigenous cultures and many of our pharmaceuticals use extracts of these remedies. To deny they have benefit its to deny the millions of people around the world who use them in their everyday health. I first experienced chronic fatigue 20 years ago and modern medicine had no answers if it wasn't for my integrative doctor who had done nutritional training I would not be as healthy as I am today. This included lifestyle changes, diet and supplements of vitamins and minerals to address my problem. I have not looked back since and rarely have to go to a Doctor as I now know what triggers my fatigue and so I use preventative medicine to keep me healthy. (herbs, vitamins and minerals)

Pharmaceuticals have their place but long term use in chronic conditions many times becomes problematic with new conditions arising caused by the medicines people are taking.

Integrative Doctors are in great demand a lot of them have closed their books because they cannot see the number of patients wanting to see them. If they are not in demand they have a six month waiting list. We need more integrative Doctors not less! And as an aside all Doctors as part of their training should do nutritional medicine. Otherwise what are they becoming just 'reps' for drug company's. If drugs were the complete answer then why are we not healthier! Auto-immune, Cancer, degenerative diseases are all on the rise. You cannot blame it on living longer as it is affecting children at an alarming rate. If we continue down this path medicare will not cope.

[redacted]
Retired
Ph: [redacted]

08/04/19

Submission to MBA Consultation document on complementary and unconventional medicine and emerging treatments

My name is [redacted] I am a 53 year old female who suffered from severe migraines for fifteen years before integrative medicine saved my live. It has since had a huge impact on my transition into Menopause.

This is my story… Migraines have always been part of my family. I watched and cared for my Grandmother, Mother and younger Sister all suffer from 'classical' migraines. Each had been hospitalised at some point in their lives due to the severity of their migraines (my sister because they thought she'd had a stroke). I thought I had been blessed not to have inherited this family curse until my first child was born and that all changed.

I had been on the conceptive pill prior to conceiving my first child. I had an amazing pregnancy and in April, 1992, at 26 years old, my daughter was born and after 9 months I went back on the pill. By early 1993 I started to experience severe headaches that consisted of a constant pressure in my head, the pressure also felt like it was pushing down on my pallet. I had pressure in my ears like being at altitude. The pain was particularly noticeable around my face and eyes, it would get worst when lying down, I would feel dizzy if I moved and the pain seemed to condense on the side I was laying. I was also very sensitive to sound and light and would become nauseated when the pain was at its worst. Occasionally I would experience a stabbing pain in one eye. I would avoid crying at any cost as my face would swell which caused more pressure and would stay swollen for many days. I also starting experiencing sore, stiff joints soon after my baby was born. My headaches never let up; I would wake with a headache and go to sleep with a headache. Resting during the day would increase the pain immensely which I found out when my baby was young. Once the pain became too much to tolerate though, I would have to sleep it off in a dark, silent room.

During the next 15 years my headaches continued and I had many medical investigations and treatments.

In 1993 I had sinus surgery which was the first treatment suggested. This didn't make any difference to my headaches. The sore joints continued and I always felt cold and very tied. By 1994 we were trying again for another baby, to no avail. A cyst was found in my Thyroid gland and in April, 1995 I had a partial Thyroidectomy. In April, 1996 our second daughter was born.

I was later referred to another ENT then a Neurologist. Sinuses were fine, prescribed Sandomigran, Nasonex, Endep, Desyrel - None of these medications gave any relief, in fact they made me worst because they made to so tied.

I had seen many doctors over the years and still had no relief. Once the suggested medication was trialled without success I was often dismissed with a prescription of anti-depressants. I was getting quite desperate as no one seemed to understand or cared what was happening with my body. In 2003/2004 I sought help from a GP who was a family friend. I needed someone that knew I wasn't neurotic and he promised me that we would try and get to the bottom of my headaches. At this time I lived in [redacted] I had many tests, etc. and was referred to a Neurologist in Brisbane. He also did lots of investigation and eventually told me that I had a type of migraine that didn't switch off and I was trialled on Epilim. It was suspected it could be hormonal so tried going off the pill. My periods were irregular but intensely painful and heavy. Discharged large blood clots and pain became so severe that this also impacted greatly on my wellbeing. Eventually, pelvic scan was ordered as suspected diverticulitis, this was normal although had cyst of left ovary and referred to Gynaecologist.

A red rash had also started to appear periodically. It would last usually two days. It would start on my breasts and chest; travel up my neck and around my back and stomach. It wasn't itchy but my skin would feel like it was sunburnt and it became raised for approx. 24 hours then subside again.

I had regular scans as cyst persisted and was going to have to have surgery but saw Neurologist again and he mentioned Epilim could cause cysts on ovaries. He changed by medication to a high dose of Topamax 150mg, Mobic 15mg and Losac. Topamax made me quite unwell and I lost 14kg however the cyst problem resolved itself.

I was always researching, trying to find something that could help my 'migraines'. My coping mechanism was to keep very busy; being idle only meant I was alone with the pounding in my head. I had kept a headache diary for my doctor for many years but eventually requested to stop so I didn't have to think about and document the pain I was in every day. My data did eventually reveal that my mystery rash was linked to my menstrual cycle.

In 2009 I purchased an e-book call 'The Natural Cure to Your Migraines'. I started to read the reviews and read story after story just like mine. I had felt so alone to this point yet here were hundreds of stories from women I could identify with, and they had all found relief. **It started me on a journey that changed by life – I had discovered Bio-Identical Progesterone.**

The book listed many of my symptoms and most telling was one observation of migraines in women was the onset of headaches after the birth of their first child. I read about Status Migrainosus –the migraine headache that just doesn't quit and most compelling of all was the following paragraph which virtually ticked all my boxes:

"Virtually every woman with migraines has some other type of a menstrual problem, like heavy and/or painful periods, irregular periods, PMS, uterine fibroids, swelling, etc. Most have thyroid deficiency problems as well. The younger women may not manifest thyroid problems until after the birth of their first child. Infertility is another big problem on this list."

I gave this book to my GP to read, he admitted that it wasn't his area of expertise however he researched further and we learnt more about the effects of Estrogen dominance and with his help I started taking Bio-Identical Progesterone, supported by Magnesium, Vitamin D, Iodine and EFA. Within a couple of months my headaches had disappeared along with the mysterious rash and painful and heavy periods. You cannot imagine what effect that had on not only my life but my entire family. I was pain free for the first time in 15 years. In time, other problems that I didn't realise had bothered me most of my life had also resolved including a battle with thrush and constipation. My Doctor slowly reduced my Topamax dose to the minimum 25mg and I continued to take Mobic 15mg.

I relocated to [redacted] in 2011 and initially was unable to find a Doctor that would prescribe bio-identical Progesterone so I was self-medicating. Bio-Identical Hormones are commonplace in many parts of the world.

By 2013, my headaches where under control but I was approaching perimenopause and again having issues with heavy painful periods. At this time I still didn't fully understand the effects that synthetic hormones had on my body but I was about to find out. I was referred to a gynaecologist who wouldn't entertain the option of bio-identical hormones. I was told to stop taking the progesterone and was prescribed Primolut N (progestin) to treat Endometriosis. Within two weeks I had a flooding period and a Migraine like I hadn't had in years and all my headache symptoms where back including very sore joints. Eventually the gynaecologist said "the only thing that would fix me was a hysterectomy". I respectfully declined and started taking bio-identical progesterone again.

In January, 2015 I had a hot flush that brought on an instant migraine which literally brought me to my knees. I had pins & needles down one side of my body, pain like I'd been hit in the head with a cricket bat, nausea and intolerant of sound and light. I was in bed for the next three days. I was very scared that this would happen again when I experienced a hot flush so I needed to again get serious about my health and sought the help of an Integrative Health Practitioner. She had me back on track within months with Bio-Identical Hormones and supporting Vitamins & Minerals. No headaches, no hot flushes, no period issues and most importantly, no hysterectomy!

My Integrative Health Practitioner has since found a link between Histamine and Estrogen, which could explain my mystery rash, where Estrogen may play a role in developing histamine intolerance. "Symptoms of histamine intolerance are common during ovulation and just before the period starts and during menopause, when estrogen levels are on the rise" also "Symptoms of histamine intolerance vary among women, but the most common are heavy menstrual flow, menstrual pain and most especially, migraine headaches". I do still get the occasional rash, usually with flu like symptoms.

Unfortunately my younger sister hasn't followed the same path as me and she still gets migraines but also suffers night sweats and hot flushes, her hair is thinning and is experiencing bone loss in her jaw, all of which I am not.
I cannot put into words how life changing this journey has been for me and how grateful I am for firstly my GP in [redacted] who had the courage to think outside the box and the continuing care and expertise of my current Integrative Health Practitioner. The side effect of synthetic hormones on our bodies can be catastrophic to some. Educate our doctors and let us have a choice.

26th March 2019

The Executive Officer
Medical
AHPRA
GPO Box 9958
Melbourne 3001

Dear Sir/Madam,

Re: Consultation on Complementary and Unconventional Medicine and Emerging Treatments

I've never really written anything about my illness publicly because I try to spend as little time as possible living in it, acknowledging its power or recognising it as a part of me. However, it has stolen so much of my life, is savagely powerful and is undoubtedly part of me. I have what you would describe as a 'Lyme like illness'.

When I first became unwell, I thought it would be temporary. It was terrible, vicious and I naively relied on Australia's reputation for outstanding medical care to help rid me of whatever illness it was. I saw doctor after doctor. I sat in hospitals. I was prodded, scanned and tested for everything they could think of. Nothing made sense.

I followed each instruction I was given like a sheep because I had blind faith in the system Australia had put in place to help me. I wasted six years of my life testing lazy, useless treatments prescribed by reputable doctors who were too cowardly to look me in the eye and say, 'I'm sorry, I don't know what's wrong with you and I'm not willing to invest any further time to find out'.

To add insult to injury, there was always the underlying tone of not believing me. The feeling that I was exaggerating or faking it for attention. I had been a top athlete at my school, an active participant in musical productions, class clown, if the goal was attention, leaving school to lie alone in bed all day was the strategy of an imbecile. They told me the solution was graded exercise therapy, so I walked on a treadmill everyday despite the fact that it enraged my symptoms.

They gave me antidepressants, despite the fact they numbed my brain and stole the little fight I had left.

They told me over and over again, do this and you'll get better, and when I didn't get better, they looked at me suspiciously, as if the problem was not their treatment but my participation.

Despite the dismissal, I always pushed on. I never entered online platforms discussing my illness and I rejected support groups because I never wanted the influence of other sick people in my life. When I had IV therapies in open rooms, I wore noise proof headphones, to avoid hearing stories of other sick people. I surrounded myself with healthy people, trying to stay independent of my illness and yet I still read accusations that we were manifesting this illness, feeding off a community of people who wanted to be sick.

Believe me when I say I would give the second half of my life to be healthy for the next twenty years. My illness is horrific. It is torture every minute of every day but I am brave and strong and that is the only reason I am surviving it.

When I applied for my pension to have a small amount of independence, I was made to feel like a fraud. My government belittled me and sent me the message that I was not sick enough.

I rarely cry in front of people, because I don't want anyone to feel sad or sorry for me, but the lack of emotion I showed made new doctors question how unwell I really was. When I did cry, they looked at me with concern and questioned my emotional stability.

I have now spent over a decade unwell. I have seen over twenty doctors and I have only truly respected three of them. Two of them had the courage to stop treating me, admitting they didn't have the knowledge to go forward and apologising for it. One of them made a promise to me that he would work with me, to use every inch of his knowledge to try to get me better. He has kept that promise, trialling everything available to try to find solutions to my illness.

I am not an irrational person. I am critical and cynical. I do not blindly partake in medical treatments anymore. I am no longer the sheep I was at the beginning of this journey, who allowed herself to be treated for a myriad of false diagnoses. I know the risks of each treatment. I know the side effects and the long-term consequences. I have honest conversations with my doctor that acknowledge risk. I believe strongly that it is my human right to be treated for the horrific illness I suffer from, in the way I see fit.

I have a doctor who believes me. Let me be extremely clear when I say the difference between having a doctor who believes you and a doctor who questions your character, can be the difference between life and death. If you'd like to talk about negligible medicine, then focus on the dozens of doctors who assessed me over the course of a thirty-minute appointment and dismissed my illness as mental. Imagine that, the profession of science, which is the constant exploration of that which we don't yet know or understand, witnessing a credible young woman complain about extraordinary pain throughout her body and dismissing it because it doesn't fit into one of their boxes. What about the boxes we are yet to discover? What about the diseases we haven't yet researched? What about the thousands of possibilities? Are we finished?

Science is the intellectual and practical activity encompassing the systematic study of the structure and behaviour of the physical and natural world through observation and experiment.

Yet here I am, someone unable to complete their education past Year Eleven, having to remind the national medical board about the word 'experiment' in that definition.

I am a consenting adult. I am the only person burdened by my health on a daily basis and you threaten to take away the rights of the only physician with enough compassion to try to help me. Yes, it can be experimental, but I have tried every traditional method available and I am here, a decade later, unchanged.

I find this entire exercise offensive and what's more, I find it an attack on my right to care for myself.

I never wanted to be sick. I certainly never wanted to have an illness that would cause me to have to write a letter like this and defend myself. I often wish I had an illness with no political ties, no controversy and no public criticism. I wish I was a healthy individual who was able to finish school, get a university degree and help other people, like I'd planned to.

It's important you know that despite being so unwell that some days I struggle to lift a glass of water, I have still managed to drag myself out of bed and have started an organisation that supplies sanitary products to women living in impoverished communities who would otherwise miss school or work without those products. I am contributing to the world. We are changing thousands of women's lives in South Africa, and Liberia.

The only reason I have been able to do that is because of the support of my doctor whose license you now threaten.

Before you take away the one beam of hope, the one lifeline and the one source of support that all these patients have, provide an alternative solution. Tell me how to get better, give me a new place to turn that will help me manage this awful disease, whilst trying to be a contributor to society. Until you can provide such a solution, consider the consequences of your treatment. You propose to treat this problem by removing these doctors? I would put to you that for some of these patients that's a death sentence and for another group of these patients that's the final message that Australia does not care about them, that they are liars, frauds and that they are disposable.

This campaign wounds me. I have fought so hard since the day I became unwell. I fight an internal battle every moment of every day. I am sick of fighting.
We deserve the right to elect our treatment and we deserve the right to have our country believe us. **I support and need Option 1 the status quo.**

Sincerely,

[redacted], NSW

From: [redacted] [redacted]
Sent: Sunday, 30 June 2019 12:51 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

To whom it may concern
I am a patient of an integrative health clinic. I have the utmost faith in the practitioners there, and their complementary treatments. Over many years, and many, many visits to traditional GPs and allied health services, I've had very limited success in treating various medical conditions. These range from 8 years suffering with chronic fatigue, to 16 years with severe lower back pain. Both extremely limiting to living a normal life. I have only had positive results with my GP at an integrative health clinic.
Please credit me as a grown adult that I have the right to choose whom I will see when I'm ill, and have had little to no success with traditional "you'll just have to live with it" or "I don't know, take these drugs" health care. I believe there is a place for both in combination, as my preferred way of regaining and retaining my health.
The fact that there has been NO consultation with integrative medicine or the complementary medicine community smacks of a dictatorial and closed mindset, unwilling to consider any other point of view.
I have the utmost confidence in my medical practitioner, who will not hesitate to consider traditional care, when necessary, but also respectfully listens to my concerns, and will not stop investigating and treating me until I have regained my health and mobility.
Trusting commonsense will prevail,
[redacted].

[redacted]

30 June 2019

Attention:
Executive Officer, Medical
AHPRA
GPO Box 9958
Melbourne 3001

Public consultation on complementary and unconventional medicine and emerging treatments

A Personal Submission

I am concerned that restrictions on the way that qualified Medical Practitioners can provide Integrative Medicine to their patients may adversely affect my physical and mental health.

Let me explain what I mean.

Twenty years ago I was experiencing increasing fatigue and an emergence of depression. I consulted my GP but his suggested treatments did not improve my wellbeing. In desperation I sought help from a naturopath and other allied health professionals but none could offer a diagnosis or useful treatment.

It was only when I consulted a GP who specialised in Integrative Medicine that I found help. After a detailed medical and life history was taken a preliminary diagnosis was considered. Appropriate blood tests then confirmed that I was suffering from a severe deficiency of zinc. The doctor then prescribed a balanced mixture of vitamins, minerals and metabolic intermediates that was tailored to my condition. Within 3 weeks of beginning this medicine I noticed a marked improvement in my condition and within months I was once again leading a healthy and productive life.

Since that time the basic recipe of my compound has been refined to better maintain normal blood zinc levels and to keep other essential minerals at appropriate levels. As more relevant information has become available from published research, my Integrative Medicine doctor has been able to apply it to my treatment. My treatment has always been evidence based.

On several occasions over the years it has been necessary for me to discontinue treatment. Always within weeks fatigue would begin again and with it depression would re-emerge. Only after my compound was re-started did I return to normal health.

If restrictions were imposed preventing my Integrative Medicine doctor from prescribing an appropriate compound for me, I have no doubt that my health would be adversely affected. I do not have the training, knowledge and experience needed to continue the refinement of my compound that will be necessary as my body changes with age. Nor do I have the training, knowledge and experience to assess and apply new research findings that might be relevant to my condition.

From discussions with my GP, it is clear that she does not have the expertise to treat my zinc deficiency, nor does she wish to take on this role.

Please do not limit my ability to choose to be treated by a doctor who has the appropriate expertise for my condition.

[redacted]

From: [redacted]
Sent: Thursday, 18 April 2019 7:02 PM
To: medboardconsultation
Subject: Our right to healthcare

To whom it may concern,

I am appalled after a visit to our Integrative Health Doctor to learn that a violation of our human rights is being considered by the MBA.
I have been attending our doctor for over 15 years and travelling long distances after many years of being ignored by G.P.s and Endocrinologists who dismissed my symptoms (with which I had suffered for over 5 years) and were unable to treat me.

Our Integrative Health Doctor diagnosed my condition and it is no exaggeration to say that she turned my life around. After many blood tests, I was prescribed compounded medication which has eliminated the years of ghastly symptoms and allowed me to continue working until retirement, allowed me to feel well and not be plagued by symptoms that my local G.P. hasn't a clue how to treat. I had horrific thyroid symptoms that Endocrinologists did not take seriously (one at [redacted] Hospital telling me I could get my treatment in the U.S.A) and was offered "standard" therapy......the equivalent of putting more petrol into an already full tank.

I needed someone with the expertise to diagnose my Wilson's Syndrome and fine tune my body's inability to convert my existing Thyroid hormones to penetrate the cell wall.....Cell Conversion Disorder. Compounded medication under a strict and slow protocol produced outstanding results. My body temperature increased, my symptoms vanished and I felt like a normal human being, no longer told by conventional thinking G.P.s that there was nothing wrong with me except that I was getting older, or worse, that my symptoms were"imagined".

Before I found our Integrative Health Doctor, I suffered years of ineptitude at the hands of doctors who sent me for invasive tests, hospital visits and unnecessary surgical procedures.

One visit to the Integrative Health Doctor and an explanation of my symptoms had me weeping with joy and relief that FINALLY someone knew what was wrong with me.

There is no PBS substitute for the compounded medications I take and I will not tolerate my human rights being denied in my pursuit of finally finding a doctor who gave me my life back. I cannot go back to what my life was like before I was properly diagnosed, the awful unending fatigue, hair loss, skin crawling, weight gain, low body temperature and pulse and many other symptoms which have now been alleviated for many years.

My husband has cancer and, as a support to his Chemotherapy regime, this doctor has put him on immunity boosting drugs. They are not a cure, nor claimed to be but have improved his quality of life by boosting his cell health. The drug, Naltrexone, has been therapeutically tested in the U.S.A. for many years with excellent results. His use of this drug, in addition to all of his conventional cancer therapies, has the full support of his cancer specialist who attributes his greater sense of well-being to taking it. His sister also takes it for her cancer and has felt the benefits for over 2 years.

We urge the MBA to consider the health of patients like us and not force us to only use mainstream doctors who shake their heads when confronted with issues they know nothing about. In my case, our Integrative Health Doctor has a staggering knowledge of hormonal conditions and endocrine problems and I would not be able to live a normal life without her expertise in these matters.

Any interference in patient treatment and the right to choose that treatment is a backward step, putting Australia further behind the rest of the world and a gross violation of our right to choose the health care that will benefit us.

We are not content to be prescribed a “box off the shelf” when this will not address our health issues. Furthermore, there have been millions of examples of people who have died or become disabled because “boxes off the shelf” is all they received.

We should not live in a totalitarian country where a small group of powerful individuals can determine our right to the best medical care that we wish to pursue.

[redacted]

The Medical Board of Australia
G.P.O. Box 9958
Melbourne, Vic 3001

18.03.2019

To The Medical Board of Australia,

I was deeply concerned and quite frankly frightened for my own welfare, when I learnt of The Board's intention to consider options to strictly regulate/restrict medical practitioners who provide complementary and unconventional medicine and emerging treatments.

I have a 14-year history of chronic poor health. Amongst other things I have suffered from recurrent Epstein Barr Virus, mastoiditis, shingles, toxoplasmosis, recurrent pneumonia, recurrent sinusitis, chronic fatigue, IBS, major post -operative haemorrhages caused by a bleeding disorder that was eventually labelled 'Surgical Bleeding of Unknown Origin', anxiety, fertility difficulties, CIN2 then CIN3 leading to a hysterectomy, Ross River Virus, fibromyalgia and most recently peripheral neuropathy. As you can imagine this has been quite debilitating. I am 41 years old. I am a working mother of three. I thankfully have a medical background, working for many years in ICU and ED. I have spent the past 14 years bouncing between medical specialists, finding very few answers or effective treatments. I then explored alternative therapies and found the most effective treatments for managing my symptoms/health were alternative therapies. I could not begin to estimate the enormous amount of money that we have spent over the years on my health. Thank goodness we have had the resources to do so. Effective natural therapies for me included third weekly visits to a naturopath and bi weekly acupuncture accompanied by Chinese herbs. These therapies ended up being my staples and the only way I could function for many years. I always felt however that I was chasing my tail, treating my symptoms instead of addressing the underlying cause. I was never getting completely 'well' in between illnesses, and slowly my overall condition was deteriorating. Needless to say, the impact on myself and my young family, as well as my extended family has been quite devastating.

After I contracted Ross River Virus, I then went on to develop fibromyalgia and later a peripheral neuropathy, along with the ever- present fatigue. I started investigating further. I was fortunate to find a doctor who has considerable expertise in treating patients like me. After listening to my long health history, he sent my bloods to Germany to be tested for Lyme Disease and its many co-infections. Previous to developing ill health I lived in/travelled to many countries including USA, UK, most of Europe, parts of Asia and Christmas Island, most of which are recognised areas where Lyme disease is present. I was diagnosed with a chronic 'Lyme-like Illness', and commenced treatment. I am currently taking an extended course of multiple antibiotics, antimalarials and antivirals, along with many vitamin and mineral supplements. I started this regime in December last year. I am also having nutrient infusions (Vit C, Vit B, Glutathione, Magnesium) three times a week. This is similar to standard basic treatment for Chronic Lyme Disease in Germany, The United States as well as many other countries where Lyme Disease is prevalent.

Although I have a way to go, these treatments have already had an immense positive impact on my health. The enlarged glands in my neck that have been present for many years have reduced to a 'normal' size. My joint and muscle pain has subsided. All signs of peripheral neuralgia have subsided. My chronic sore throat is no longer. My fatigue is improving and I have not been on a constant roundabout of illness - flu's/colds/viruses. My night sweats have ceased. My heart palpitations have ceased. No sign of excessive anxiety. I have been in first degree heart block for the past 7 years, that I have been aware of, until a recent ECG showed me to be in normal sinus rhythm.

Last month one of the antibiotics that I was taking was not agreeing with my stomach. I ceased this antibiotic and did not replace it with an alternative for three weeks. In this time my glands went back up, my sore throat crept back, my joint and muscle pain began to return and my fatigue increased. This indicated that the medical regime in place is having a significant impact.

As I understand it, if this regulation of medical practitioners who practice medicine outside of the normal conservative paradigm goes ahead, all of my current medication/treatment regime will no longer be available to me in my own country. This is true also for the MANY other Australians in a similar position to me. Many of these Australians are so incapacitated by the medical condition that they are suffering that they don't have the ability to articulate/communicate their situation. They have no voice. Lyme-like Illness (called Lyme Disease in many other countries) is just one of a multitude of conditions that can be improved/treated by such 'complementary or unconventional medicine' as well as 'emerging treatments'.

If this regulation goes ahead, my only option will be to seek treatment overseas. Ceasing treatment is not an option I am willing to consider. As a mother of three beautiful children, a wife, a daughter, a friend, a lover of a full, active, rich lifestyle, a business woman, a health care professional, and really just for myself, I refuse to 'not pursue' the only avenue I have found to be effective for improving/curing/curtailing my chronic health problems. I now see a light at the end of what has been a very long, dark tunnel.

I realise that there has been much discussion about the existence of Lyme Disease in Australia. The same goes for the discussions regarding the existence of a Chronic Post Treatment Lyme Disease Syndrome. For me right now this is beside the point! What I know is that I have suffered with chronic poor health for many years. Medical practitioners have been largely inadequate at diagnosing my multitude of illnesses. Medical practitioners have been largely ineffective at treating my illnesses/symptoms and improving my overall health. And until recently I have felt like we were all managing symptoms rather than treating the underlying cause. What I am currently doing under the watchful eye of an experienced medical practitioner is working. **The possibility of us as patients having our treatment options severely limited and our choices taken away is unfathomable.**

I would also like to point out the inevitable extra burden that will be placed on our health care system when the large numbers of patients who are currently being treated by the medical practitioners who 'provide complementary or unconventional medicine or emerging treatments', with positive results, are denied these treatments. We are all generally undertaking these often expensive, largely nonsubsidised treatments, not because we feel like throwing our time and money away, but because we are finding that they are effective. To withdraw these treatments would surely lead to a growing sub-group of chronically ill patients.

I also find it difficult to accept that we already have many less treatment options available to us than most other first world countries. The number of Australians who already travel overseas, at incredible personal cost, to seek treatment is growing as awareness grows. My concern is that further limiting our already limited treatment options will render effective treatment largely unattainable/inaccessible for most Australians. It feels to me that we are regressing rather than progressing in our approach to complex health care and holistic treatment. Times are changing, people are more aware, educated and seeking alternatives to the current recognised regimes and protocols in instances where these are not working for them.

I urge you to please consider my story. I am not an isolated case. If the proposed stricter regulations are imposed, my family life as I know it will be turned upside down. We will be forced to seek treatment outside of Australia. I don't want this for my family. I already feel incredibly guilty, although I know that it hasn't been within my control, that my poor health has had such an impact on my family. Please do not implement regulations that for me will further negatively impact my family. As I said before, the possibility of us as patients having our treatment options further limited and our choices taken away is unfathomable to me. I live in this beautiful abundant, affluent, progressive country with a good health care system. How on earth are we now being faced with this?

Yours faithfully,

[redacted]

From: [redacted]
Sent: Friday, 7 June 2019 4:15 PM
To: medboardconsultation
Subject: ‘Public consultation on complementary and unconventional medicine and emerging treatments’

In support of Option 1

I live in Sydney NSW, Australia. I have suffered from a a condition know as Myalgic Encephomyeltis for 9 years. There are no biomedical based treatments or clinical care that help anyone of us who have this condition.

And as a result many of our 'alternative treatments' such as vitamin injections or infusions, supplements, unconventional off-label prescribing (like low dose naltrexone), long term antibiotics, or herbal treatments or acupuncture.

These alternatives have benefited me greatly in stabilising my condition and I believe taking away freedom of choice from the most vulnerable people from society will prove great harm to their health and mental well being.

>The proposed guidelines are likely to have unintended consequences which will impact the ability of patients to access appropriate care, and impact patients’ freedom of choice. We believe these guidelines will disproportionally affect people with illnesses like ME/CFS, for which there are no safe evidence-based treatments and for which conventional medicine has little to offer. We are concerned that these guidelines will increase the burden on those doctors practising CUMET, and may discourage doctors from practising in this way, or increase patient costs of accessing these treatments, which is likely to result in increased harm to patients.We are especially concerned about patients having reduced access to helpful treatments, and losing freedom of choice in their care. We also believe that it is better for patients to access treatments through doctors, a profession which is already well-regulated, than turning to other health professionals who will be less well-regulated and could therefore pose greater risk of harm to patients.

From: [redacted] [redacted]
Sent: Wednesday, 6 March 2019 3:32 PM
To: medboardconsultation
Subject: Medical Board Submission

Dear Sir/Madam,

Regarding the public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments.

As an Australian citizen/resident I feel it's important that I have the freedom of choice in the type of medical care that I use to address my chronic health issues.

I have been suffering from Type 1 Diabetes, Lupus and Sjogren's Syndrome which are all autoimmune diseases.

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 in some instances also delivered unwanted side-effects in my case) and, seemed to waste Medicare funds and resources.

It was only when I saw an integrative medical doctor who included lifestyle change, diet and supplements of vitamins and minerals to address my problems that my condition began to improve significantly.

If I cannot see an integrative doctor, or the Doctor is restricted in what he or she is able to prescribe for me, I feel that my health will deteriorate and have a continuing impact on my family, my work, and my wellbeing.

Additional notes: The integrative Doctor I've been seeing diagnosed me as a Coeliac disease sufferer and through advice from this Doctor and research of my own it appears Coeliac disease is the cause of my auto-immune dysfunction. No other conventional Doctor has even hinted that I could be suffering from Coeliac disease throughout all my years of suffering from IBS and the abovementioned disorders.

Concerned,
Name: [redacted]
Signature: [redacted]
Date: 06/03/2019

From: [redacted]
Sent: Saturday, 29 June 2019 6:51 PM
To: medboardconsultation

Approximately 20 years ago I had chronic fatigue. After going to Drs on the Central Coast who were NO HELP AT ALL I heard about [redacted]. He was the only person to help me. After sending me for different tests he was able to help me.
I have no hesitation in recommending him over others in these circumstance.
He is a medical.practitioner as well as helping people with more natural help. I would hate to see it made harder for him to help others.

From: [redacted] [redacted]
Sent: Sunday, 17 March 2019 5:40 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments.

I have Adrenal Fatigue and Hypothyroidism, my integrative doctor is the only person who has improved my health. I was so unwell I would not have been able to work. My doctor is not a reckless cowboy. Everything we do is careful and considered and directed by test results.

Mainstream doctors are mad if they do not explore this avenue of providing medical care. It is far more effective than the current traditional approach. It’s called progression.

Care for the patients must come first.

I would be much more ill if you vetoed this kind of treatment. Mainstream doctors could do nothing for me.

[redacted]

'<u>Public consultation on complementary and unconventional medicine and emerging treatments</u>'

Name: [redacted]
DOB: [redacted]
Email: [redacted]
Phone: [redacted]
Mobile: [redacted]

Background Prior to Major Health Issues

I am a 56 year old male living in [redacted].
I have worked in and around agriculture all of my life, initially as a farmer in the [redacted] area of [redacted] until 34 years of age, then moving to a farming area east of [redacted] from 1998 until 2003.

In 2003 I left farming and relocated to [redacted], and began retraining whilst my children continued their education. During the previous years I had also spent time in the [redacted] region as a contract harvester. I have continued to work in the agricultural areas of [redacted] as a private contractor in the grain industry to the present day.

Whilst having travelled to the east coast of Australia, I had not travelled outside Australia until September 2005. I have been bitten several times by a tick in my life from childhood to present day, but no bites of significance. It is a common occurrence living and working on a sheep and grain farm to be bitten by a tick.

I have had relatively good health most of my life, prior to falling ill in 2004. I always worked long hours often 7 days a week as a farmer. From the age of 25 I started to suffer with arthritic issues in my knees and neck, bloods tests showing both positive and negative results for Rheumatoid Arthritis. I was treated with oral anti-inflammatory medications, and also requiring several surgeries to my knees in my thirties. I also suffered regular throat and sinus infections that I often needed antibiotic treatment for.

Around 2002 I was treated for a severe infection complicated with sepsis following and an unknown source of infection in my arm. This resulted in infection of all the lymph glands in my left axillar. It was suspected that this was from a cut or bite, which was not positively located. I required emergency surgery, following no improvement after triple antibiotic IV therapy, to have the lymph glands removed and extended recovery in [redacted]. We are unaware of the pathology at the time. I was quite unwell for over a month. I mention this, as it is unclear if this is related, but my partner at the time and now wife believes my health did deteriorate very slightly and slowly from this time, with an acute collapse in June of 2004.

Major Health Collapse and Diagnosis History

- I became seriously ill in 2004 with an ultimate collapse in June 2004.
- Not able to work for the first 3 years of illness.
- Initial diagnosis by ENT Specialist and GP as fibromyalgia and CFS
- Undiagnosed with Lyme for the first 7 years of illness
- Began Treatment for Lyme in October 2011

Illness

In June 2004, following a period of very high stress, I became ill and failed to recover.
My main symptoms were;

- severe Fogginess, lack of ability to think, impaired memory
- Severe lack of energy - approximately 2/3 of time spent lying down
- Muscle pain
- Severe allergies to pollens, chemicals, dust, foods.

One of the very large problems back then was that there was virtually no help from the medical profession. This was a huge problem, I visited many doctors and specialists, spent thousands of dollars, and had many tests taken that came back as negative. I was extremely determined to find out what was wrong with me and to return to good health, as such I was proactive in my pursuit of a diagnosis and treatment.

It was an extremely frustrating inference, by many specialists that my illness was an imagined one or perhaps I was suffering a mental illness, and lying in bed because I was depressed. The main mental stress I was suffering was from was the lack of understanding, compassion and support by the medical profession, to assist me in finding out what was wrong with me, and providing treatment. The lack of understanding by the medical profession and society was and remains very difficult, and is one of the most challenging aspects of Lyme Disease.

In 2007 I found some improvement by adopting a cleaner diet, which was gluten and dairy free, which excluded as much as possible manufactured foods. I also had some relief from vitamin and herbal supplements as prescribed by my treating GP. A General Practitioner treated me during this period for Fibromyalgia and other CFS symptoms along with a complicating factor of low to no Testosterone. It became evident that following my collapse my testosterone production ceased and has failed to return, and I have been on supplements for testosterone since 2005.

Being ill has had a significant drain and negative impact on my life; I have not been able to hold down a full time job due to my illness since 2004. Not being able to work had a huge negative effect on my finances, having 4 teenage children living at home when I initially fell ill. Like other sufferers if I had not had the financial means and support of my wife this could have been even more devastating for me.

In 2011 following the retirement of my GP, I found a very understanding and forward thinking new GP who had heard about the [redacted] Medical Clinic and that they were treating patients with symptoms like mine. I became a patient of [redacted] in October 2011. Dr [redacted] began a treatment of antibiotics and other supplements. My health responded and improved within a matter of weeks.

While I actually have never been positively tested for Lyme Disease, my symptoms, and reaction to treatment antibiotics match to Lyme Disease. I understand that to be tested for Lyme I need to cease treatment and this is an option that is not palatable to me.

I have been very lucky compared with many people with this illness and with support of my family and determination, and Dr [redacted] treatment, my health has steadily improved. Since treatment began, I have been able to finish 2 Masters degrees in Accountancy and Business, carry out Contract Accounting Work, Build and Run a Contracting Business in the grains industry and manage two school bus runs that we own.

While my health is not 100 precent, I feel that it is slowly improving with time. I have had some time in the past 6 months where I was able to go for a few weeks without antibiotics. In the last part of 2018, my health was the best it had been since becoming ill in 2004.

Today and Gratitude's

Today my main challenges are to deal with re-infection from my wife, susceptibility to infections, and working towards a point where I do not need to take daily antibiotics.

I am extremely grateful to [redacted] my General Practitioner for having the compassion, professionalism and duty of care towards me to help in whatever way she could. To find a member of the Medical Profession that was helpful, was an enormous relief and critical to my subsequent recovery. I had seen over 12 General Practitioners, Physicians and specialists up to this point.

I am also very grateful that Dr [redacted] has been prepared to push the edge of medical knowledge and practice to treat me, knowing that he does not have the support of the medical profession at large. The treatment and information he has provided has had an enormously positive effect on my health, happiness and quality of life.

I have observed and found that it is very important that to gain an improvement in your health; the patient and treating medical professional need to be constantly exploring new ways to improve treatment. Lyme appears to be a complicated disease to treat and still being understood, and as such needs a diligent and investigative approach by a dedicated medical profession, prepared to consider new approaches and treatments. I have personally found that as the infective organisms are able to morph and adapt, a particular drug regime that may work at one time, rarely lasts, and so a change is needed to gain further improvement.

The constant thread is that for me, antibiotics of some form are needed to kill the organisms that are associated with Lyme. If I stop the antibiotics for a prolonged period, the symptoms eventually return and my health deteriorates. This is rectified once I return to treatment. I also have to adhere to a diet, which supports this and also alleviates other symptoms. This diet is relatively simple diet with home cooking and low additives that is gluten and fructose free and low in lactose.

Final Comments, lets not let the past repeat itself

It is wonderful that this consultation is taking place, and that a forum has been provided for discussion rather than persecution of those clinicians diagnosing and treating the disease along with the sufferers of Lyme.

I would like to take this opportunity to remind the reader and the Board of other significant discoveries made by members of the medical professionals in the past, which where questioned, ridiculed and rejected by their peers, only to be found later to be correct and now are mainstream treatments.

History clearly states the discovery of Scurvy by Surgeon James Lind, was quashed and rejected by the medical hierarchy, **with 150 years** to follow before it was recognised, and suggested treatments adopted.

In more recent years the clinical community greeted with critism and skeptism the findings of Barry J. Marshall and Robin Warren, two Australian researchers of the Helicobacter pylori bacteria and its role in gastritis and peptic ulcer disease. It took a significant period of time and experimental and clinical evidence for the broader medical community to accept the findings. Today effective treatment is now mainstreaming for these illnesses as result of their work.

Hopefully Australian clinicians will support and encourage further research, development and openness to discussion and findings about Lyme. Perhaps we can actually behave like a country of innovation, which our current Prime Minister so wonderfully encourages.

Lets not leave developing technologies and pushing the envelope to the known areas of medicine such as cancer and the like. Health is about discovery, science, technology, new thinking, people and wellbeing. It’s not about being blinkered, mean spirited, fearful, ignorant and uncaring.

Thank-you for this enquiry, it’s a step hopefully towards a positive support to those Australian Clinicians who are treating and investigating the disease. More importantly to raise awareness that those who are suffering Lyme, so that they are able to access health services the same as any Australians with a disease or illness that is affecting their well being. The time has to end where treatment is only available to those with the financial means to pay, as the mainstream health system will not treat them.

Thank-you for reading my submission

[redacted]

[redacted]

To whom it may concern,

I wish to voice my concern about the ever stronger emerging evidence to stop and kill alternative, complementary and Integrative medicines and the practitioners who believe in such.

Many of my friends and family members have healed themselves with alternative and integrative medicines when conventional medical practitioners have given up on them and declared them "terminal". Then they left to their own devices by those highly paid "professionals". And most of those received treatments were not covered by Medicare. So should a free market economy not also bring other players as competitors to a healthy society and economy? If Pharmaceutical companies alone rule the market, no choices in treatments would mean a dictatorship and censorship of the worst kind. The same applies to practitioners and the choice one has. Men are defined not just by their education but also experiences and being open to new ways of treatments and healing. Otherwise there would be no progress.

By the way, my friends and family are still around after many years of treatments with herbs, vitamins, minerals and yes, some very unconventional but effective treatments. My mother is cancer free for 13 years and she's been given only 6 month to live the most... She was treated by her GP (Yes, you read it right!) with Vitamin B 17 (also known as Amygdalin or Laetrile). Friends been treated successfully with a "Rife" machine. All of them were treated with high amounts of Vitamin C given intravenous. The oldest Vitamin known to men – and you are ignoring it or want allow it to be used (to cheap?, not patentable?)! Can't you see that pharmaceutical companies are wrong? The view of lawmakers and politicians is wrong? Oh well, you will find out if it is you or your loved ones who are affected and your so called specialists are out of colorful pills and toxins to put into your bodies. And in this day and age there is a good chance you will be affected sooner rather than later.

And who are you to say anyway what one can do with his/her/its body and health and what not? Will outside interference to one's freedom to their own entity never stop? It should be ones choice to decide what treatment one would like to receive and which practitioner to see for their expertise and offered treatment choices .

Instead of stopping health professionals from using vitamins, supplements, alternative, complementary and Integrative medicines, why don't you start with controlling and regulating the so called food items in supermarkets? Start to regulate the extremely high toxic, non-nutrients/non nutritious, Diabetes 2 and Cardiovascular disease producing "food" and drink items produced and sold in Australia???? Why not starting to look and regulate the root of the diseases men suffer from? Too much work hey?

My friends and family have been treated all over the world, including here in Australia. This letter is not to favor one Doctor. The reason for this letter is to make you re-think your decision making on allowing alternative treatments by trained health professionals who are using supplementation with non-pharmaceutical medicines, hormones, chelated vitamins, minerals, therapies, etc. This letter is written to make you see the doctrinarian way you will put in place if you follow your agenda to restrict and limit one's responsibility for one's own life. We cannot place our health and faith into one basket. No doubt that Pharmaceutical and conventional medicines has its place in this world, but hey, my mother has been treated the same way as her mother for the same cancer on which she died 55 years ago. In the meantime, we have send men to the moon and into space to explore, but we can't find a cure for cancer?? How stupid you think we all are? What are companies doing with the Trillions of Dollars given wholeheartedly by people with faith and the will to help for over half a century now? It's a business, I get it.... (I would call it criminal). It's not about help at all. It's about blinding people and distraction of what's really going on. It's about mass control. But we don't want to go there today. Oh well, we already have as you want to control how I can treat myself in the event of an incurable illness, which is dictated by your principles and codification of your doctrine rulings to Health Professionals. In your new world you want to create, I have no choice than to die. And if I seek alternative forbidden help and practitioners who can help me, you will open the witch-hunt. Let's hope you don't bring back the pyre and you never have to experience the outcome of what you want to create.

Thank you for reading. I also hope you understand and act accordingly

Yours faithfully

[redacted]

Perth, 10/4/2019

From: [redacted] [redacted]
Sent: Thursday, 6 June 2019 9:33 PM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments

Hi,

I am too ill to write detail response. I have been ill for almost 10 years since a Hepatitis B Booster shot for police force training. Mandatory vaccines and allopathic medicine cause "real" harm, NOT natural/complementary medicine.

If I were to address the submissions, I would use these draft responses below via the below hyperlink. Having said that, I endorse the draft responses below and desire for them for them to be used (where possible) in my submissions.

Kind regards,

[redacted]

From: [redacted] [redacted]
Sent: Wednesday, 8 May 2019 12:19 PM
To: medboardconsultation
Subject: Medical Board Submission

To whom it concerns,

Regarding the public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments.

As an Australian citizen I feel it's important that I have the freedom of choice in the type of medical care that I use to address my chronic health issues. I have been suffering from many chronic illnesses over the years such as chronic migraine, unexplained hypermobility pain, insomnia and ME/CFS to name a few.

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

Pharmaceuticals and the use of conventional methods simply have not worked for me in isolation meaning that I have had to seek further assistance that will keep me relatively healthy and productive in our society. It was only when I saw an integrative medical doctor who had the interest and ability to delve deeper (albeit at a cost) and steer a better course for my problems that my condition began to improve. If I cannot see an integrative doctor, or the doctor is restricted in what he is able to prescribe for me, then my choices are being taken away from me and in a supposedly free country I find that hard to swallow.

I know that you like to think that if you don't have conventional answers that then there aren't any and people should just slowly die a sad and lonely death, but I choose to live and I want a productive life where I can have some quality and happiness. I urge you to consider leaving those who aren't doing any harm to their methods and in time the science will either prove or disprove their approaches.

First, do no harm.

Regards,
[redacted]

From: [redacted] [redacted]
Sent: Saturday, 16 March 2019 11:01 AM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments'

Dear Sir/Madam,
I have read the proposed guidelines and taking the choice away from patients and doctors to use complementary medicine and functional doctors is moving medicine backwards.
These doctors treat many many conditions to which conventional doctors have no answers .
I myself have suffered with M.E for 28 years and am housebound.
There is no conventional treatment for this ilness and research worldwide is ongoing.
Cognitive behavior therapy and graded exercise therapy is all that is off through conventional doctors. The research for this therapy has proven to be flawed and most countries world wide are now dropping this as a form of treatment.
Treatments like low dose naltexone are widly prescribed by functional doctors and it helps with pain and sleep problems with this condition.
If you take away compounding prescriptions things like this, bioidentical hormone therapy, vitamin therapy,natural thyroid replacement and many many more treatments will be unavailable.

It should be patient choice as to whether we see these doctors or not. We pay most of the time privately and d o not get any help from medicare.
Taking patient choice away will make many tens of thousands if not more patients having to suffer and no conventional treatment is offered.
Not everyone is depressed and needs antidepressant s which is what mainstream doctors offer for a variety of conditions.
I myself would be in terrible pain without my low dose naltrexone.
My husband has bioidentical hormone treatment and now can function as a normal man. A gp just said he was depressed when in fact he had low testosterone and high oestrogen.
This would never have been found under conventional treatment options.
Please do not take our choices away or the superb knowledge of functional medical doctors. So many of us rely on them.

Yours sincerely,
[redacted]

From: [redacted] [redacted]
Sent: Wednesday, 26 June 2019 4:10 PM
To: medboardconsultation
Subject: Your health, your choice!!

To who it may concern,
it is with much concern that I am writing to voice my strong opposition to further changes or additions to the existing Code of Conduct 2014.

The consultation paper Option 2, has very serious ramifications for Alternative medicine in Australia. Whilst i agree dodgy medical practice should be dealt with, many alternative medical doctors and practices (namely Intergative doctors) are highly respected in their communities as professional medical practitioners.

My personal medical issues were totally disregarded by numerious mainstream doctors. I was told my joint pain and fatigue was a result of getting old (only 40) The reason I was constantly sick with viruses and other infections was due to working with kids. My flushes and sweats, again getting old. My headaches were “just in my head”. Constant asthma attacks were a result of working in a dusty environment.

No tests were done to investigate any under lying issues.
I ended up being very frustrated with mainstream medicine and steadily over the next 18 months become sicker and sicker, in permanent pain, unable to effectively communicate, resulting in having to leave permanent employment.

18 months later I was introduced to Intergative medicine. What a life saver. After pathology testing was done, it was conclusively stated on pathology reports and backed up by doctor, that I had Lupus, hyperthyroidism, 3 gut parasites, a bacterial infection and basically my immune system had stopped working. Also I was lacking in certain hormones due to full blown menopause. And because I contracted constant chest infections, my asthma was out of control .Basically my body systems were not working together. I was very sick.

Thankfully after prolonged treatment, I am now have the ability to maintain and self manage my health conditions. I am also back working part time, once again paying taxes. It has being mentioned that the numerous pathology tests that Integrative doctors do are a burden on the Medicare system. What the government fails to acknowledge is that all of my compound medicines and supplements are not. Full payment is from me, nothing is subsidised. And that is my choice.!! That is my right!!

If there is deregulation of Integrative doctors, due to their unconventional practice, my right to choose my own healthcare would be seriously be denied.

It it my right under the Australian Charter of Healthcare to be included in decisions about my healthcare. I should be able to choose any medical practitioner I desire.

Yours sincerely
[redacted]

The Executive Officer
Medical Board
AHPRA
GPO Box 9958
Melbourne VIC 3001

24 June 2019

Consultation on complementary and unconventional medicine and emerging treatments

Dear Sir/Madam,

I am writing to express my concern about the proposed changes to the practice of unconventional medicine in this country.

Since developing various complex illnesses two years ago, I have been to many doctors and specialists, of both conventional and non-conventional types (three are integrative/functional GPs). Prior to this, I also used the services of another three integrative GPs and many more conventional GPs in different localities spanning back some 15 years.

At my current age of 47, I have reflected on these accumulated experiences. I have witnessed the incompetence and ignorance with which conventional doctors/specialists are allowed and encouraged to practice, and the arrogance with which many of them do so. I would say that of the GPs I have seen, the most cautious and knowledgeable ones have been the non-conventional ones i.e. integrative and functional medicine doctors. If it were not for the accessibility of these more broadly educated doctors in my area, my health condition would have deteriorated and the journey towards recovery would be more prolonged. I value integrative medicine and support doctors' right to provide new and innovative approaches, including complementary medicine treatments. I don't think that regulating their practices further is really a necessary measure, particularly if this extra regulation were to make life even more difficult or costly to patients who need them.

The paper presented puts forward two options. The first is to retain the status quo and the second is to increase regulation of the non-conventional GPs. The two options offered to us completely **overlook** the more widespread issue of conventional doctors using their **limited** training to address patients whose problems are outside the scope of it. This—I might add—is also an unsafe practice. But because it is legal, they continue to get away with it.

Australia has adopted a medical system that legalises a conventional "specialist" to see a patient for 15 minutes and tell them that they have "Fibromyalgia" and that the treatment they need is an anti-depressant. This scenario is an example of many other **common harmful practices** that go on—legally—everyday. As such, the underlying issues are completely missed, untreated and worsened by medications that do nothing other than mask some symptoms and add new symptoms—their side effects. It is generally futile for patient to formally complain about it, because this is what the current medical system is training and paying standard GPs to do.

The discussion paper on p. 7 lists "variable levels of training, skill and expertise in the administration of treatments and procedures" and "the providers offering treatments do not have experience or expertise in treating the underlying condition/disease" as concerns about therapies and treatments being offered. Ironically, the paper has neglected to mention that **conventional GPs are not trained to do thorough assessments and investigate root causes of multiple symptoms and complex conditions**. So, should they really be in a position to diagnose and treat people? I would think not. But the Medical Board is pretending that this isn't happening and/or that this isn't harmful. Instead, it wants to increase scrutiny on the minority of more broadly educated doctors who are actually trying to help patients to address causative factors with therapies about which conventional doctors are **clearly ignorant**. And despite the conventional doctors doing such a bad job, somehow, they still get paid a wage and Medicare covers it! I would say this matter is in more urgent need of a public discussion and reform.

These types of unsafe practices from the conventional medical system are far more prevalent in our society than the isolated cases of patients getting an unhealthy dose of hormones from an unconventional doctor. If the Board is genuinely concerned about patient safety, it needs to shift its attention to the issues that turn people away from conventional GPs in the first place, and what has generated the demand for unconventional and complementary GPs. It needs to fix the current standard medical training and qualification system. It is simply **inadequate** and **unsatisfactory**. It poses health risks for patients when they come across a GP who does their standard superficial assessment, has **no idea** about what is really going on for that patient, and won't refer to another practitioner who has had **broader** education and access to more thorough testing. This paper makes it sound like the problem lies with the non-conventional doctors. It sounds to me like the Medical Board **falsely believes** that the standard conventional medical training is adequate and harmless.

In reference to the discussion questions,

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

In this paper, the term means:-

- "treatments that are offered by doctors who have had broader and more comprehensive health education in addition to the standard medical training".

I think the Board needs to be more careful about stating that all the treatments that have been left out of the standard medical education curriculum are non-evidence based. Just because a research paper hasn't gone through the medical board's approved channels, it doesn't necessarily mean it doesn't exist. It does mean one needs to put more effort into looking it up and learning more.

The "there is no evidence or no proof" line that is over-used by conventional doctors is another way of saying, "I can't be bothered to upgrade my education, so it's easier for me to reject it." This form of flippant dismissal is nothing more than a cover up for a lazy attitude, and it is no longer acceptable by the informed public.

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?

Yes, but I would suggest changing the term you are defining so that it's clearer that these treatments are coming from **a broader knowledge base that conventional doctors lack** (which is ultimately disadvantageous for the conventional doctor and his/her patients).

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 concerns listed on page 7 reflect areas in which conventional GPs are ignorant. This doesn't mean that the usage of these treatments is unproven or ineffective. There is a difference between a therapy/treatment being ineffective/unsafe and a doctor's lack of willingness to upgrade their education via a *broader* education or via independent research efforts. In other words, the exclusion of a treatment modality from the standard medical education curriculum doesn't define its true level of validity/invalidity. It just means there is more to learn, and other places to look for the research!

The matters need to be framed around the knowledge and training and treatment options that conventional doctors **lack**, and the risks to which this ignorance and incompetence exposes patients. The adverse outcomes from this alarmingly legal form of negligence are far more common—but the Board is acting as though it doesn't exist…

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 main concerns the Board has missed are:-

- that doctors who offer treatments outside the parameters of the conventional medical system need **more governmental support** so that more patients can afford to see them, as should the tests and treatments they offer which are not covered by the PBS or health insurance;
- that doctors who offer treatments outside the parameters of the conventional medical system should be **included** in the list of medical professionals that conventional GPs refer patients on to;
- that conventional GPs need to be trained in how to recognise when their limited education and testing and treatment methods are failing the patient. The medical system needs to introduce a procedure where there are situations when it is **compulsory** for the GP to refer to an ACNEM, IFM or similar trained doctor / health care practitioner. They need to learn that just because the limited tests in conventional medicine don't show anything "remarkable", it doesn't mean that the patient is in good physical health and therefore must have a mental illness. It often means that their GP education and testing tools have been inadequate and they are incompetent in the skills required to assess that patient correctly. **There is a very big difference between the two, and the Board needs to start accepting that, and encouraging all GPs to make that distinction in everyday practice**.

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

Safeguards are needed for patients of all treatments, **including those that conventional and legal**, because they can be harmful and unsafe too. Pretending that the conventional medical system is wonderful is not going to make Australian healthcare safer. Attributing the blame for bad outcomes on the non-conventional doctors will still leave a poorly designed medical system that continues to fail many Australians. Tightening the regulations of unconventional medical doctors won't change the fact that conventional doctors are delaying patients' recovery and adding further complications with their limited and superficial assessment and treatment practices.

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

The Board needs to turn its attention to the problems that the conventional medical system and its treatment regimens have, and work harder to fix them as it affects significantly more people. As a starting point, perhaps contact the Federation University research group to see the findings of their 2018 research on "Public Perceptions of Medical Errors":-
https://surveys.utas.edu.au/index.php/553942?lang=en&fbclid=IwAR1Ib-gw-A90tCrb8jFvNxMRTdKASYFCyG0J1a_tstZNM9YlyitSaszZ13s

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

The discussion topic targets unconventional GP's practices and excludes the issues that are prevalent in conventional GP's practice. This presented rationale and options attempt to creates a false notion that conventional treatments are perfectly safe. I don't think the Board is interested in protecting patients—it is interested in justifying the unwillingness to reform the standard medical training and practice system and the unwillingness of most GPs to further their education outside of it.

For a more balanced approach, the paper needs to mention also that conventional doctors are getting away with doing a really bad job (i.e. **short and superficial assessments with limited knowledge and skills leading to inappropriate and harmful medications**) because that is how the system trains and indoctrinates them. Patients can't be protected from this entrenched practice if nothing is done to change its acceptance.

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

It is antagonistic to target the minority of doctors who are trying to do better in this area. They need more peer support, not less. We need more of these practitioners to cater for the demand, and to encourage them to practice lesser-recognised treatments, not to discourage them as the proposed changes would do. If guidelines must be strengthened, it needs to be applied to **all** practitioners, not just the ones who undertook further studies. Please refer to my answer to Question 4 and 7.

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

Please refer to my answer to Questions 4 and 7.

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

The concerns raised have evolved from the inadequate education of conventional GPs and specialists. The entire medical system needs an overhaul as it is not currently designed to heal patients. To start with, how about making ACNEM and IFM training compulsory for all doctors?

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.

Option 3: to reform the medical system such that doctors must undertake a much more rigorous and broader education before they become qualified, and then offer more comprehensive and longer patient assessment procedures before they can be put in a position to diagnose and treat them. The inappropriate and detrimental treatments that are freely given out by our under-educated conventional GPs should not be allowed to happen. This is an **unsafe** practice and it needs to be treated seriously—not turn a blind eye to it or treat it as not important.

The Board needs to stop enabling conventional GPs to practice ignorant and misinformed treatment strategies. Start training them to admit they have been **under-educated** and humbly refer the patient on to someone like a doctor with ACNEM or IFM training.

The Board needs to acknowledge that there is a more serious and wider spread problem within the conventional medical system if it is genuine about protecting patients from potentially harmful practices. Until then, this discussion paper is just a smoke screen to divert attention away from the incompetence and superficiality with which conventional GPs are licenced.

I feel that this discussion paper insults the intelligence of the long-suffering public who are more than familiar with the workings of the medical system, and that it would be more beneficial to Australians' long-term health if the Board diverts its efforts to reforming the much bigger underlying issues.

You are welcome to publish my name with my submission after removing my contact details.

Yours sincerely,

[redacted]

AHPRA-MELBOURNE
RECEIVED
29 APR 2019

[redacted]

17th April, 2019.

Medical Board of Australia,
G.P.O. Box 9958,
Melbourne,
Victoria, 3001.

Medical Board and Potential Threat to Patients' Choices.

Dear Sir/Madam,

I am writing to the medical board of Australia regarding its intention to strictly regulate or, even restrict medical practitioners who practice medicine outside of the normal conservative "big pharma" paradigm.

I object to this move by the board on the grounds that I chose a medical practitioner outside of the boards preferred paradigm which has been of enormous benefit to myself.

I became seriously ill on 31st December, 2016, and after many visits to emergency departments, specialists, I was failed to be given a meaningful diagnosis, let alone effective treatment.

My last visit to a specialist in April 2017 was extremely unnerving, This specialist was known for complex diagnoses, because after four months of being ill every test I had completed in Australia was negative. On my initial visit this gentleman was adamant that my diagnosis was Polymyalgia Rheumatica, and he stated that a simple blood test would confirm this diagnosis. I was commenced on Prednisolone medication immediately and had to return two weeks later.

I will never forget the body language of this practitioner. Shrugging of shoulders, scratching of head -

another negative test!!. Like all the other specialists and practitioners I had encountered he did NOT KNOW!.

After six months of being ill I found a practitioner who immediately sent my bloods to Europe where my tests proved extensive evidence of a serious illness with added multiple chronic viruses.

Since July 2017 I have been and still am receiving treatment for my condition. I am thankful to say that this particular practitioner saved my life. Even though I am still far from being a hundred per cent, I have improved and hope to continue to improve.

I have been informed that if the medical board has its way patients like myself will no longer be able to receive the treatments that they require, and the choices in the matters of your diagnosis and treatment will obviously be restricted.

Here are two statements from a Modern Version of the Hippocratic Oath which have stood out to me.

" I will not be ashamed to say "I know not" nor will I fail to call in my colleagues when the skills of another are needed for a patients recovery."

" I will remember that I remain a member of society with special obligations to all my fellow human beings, those of sound of mind and body as well as the infirm."

How very frightening this proposal is. These medical practitioners are the heroes for helping patients like myself. I sincerely hope each and every one of the medical board of Australia reads this letter. If I had not found my current practitioner I am more than certain that I faced death in excruciating circumstances.

Yours faithfully,

[redacted]

From: [redacted] [redacted] [redacted]
Sent: Thursday, 4 April 2019 9:20 AM
To: medboardconsultation
Subject: Changes to legislation

Hi,

My name is [redacted] I live and work in [redacted] in [redacted] NSW. I am the Psychogeriatric RN with the [redacted] .

I have been grateful and relieved that complimentary medicine as practised by specifically trained GP's has been able to change my life for the better.

I relocated to this area from [redacted] 5 years ago to work in this field after 40 odd years in Psychiatry, Addiction and Psyotherapeutic endeavour. I was dismayed to realise that I had the symptoms of depression and dementia. I realised that if this was so, I could not work in this domain or in fact expect to work at all. I approached my practitioner who conducted some tests and asked me questions seemingly unrelated to the issue at hand. The test revealed that I had alarmingly low levels of Vitamin B12 and Zinc – higher levels of Copper was the result. I have taken both intramuscular and now subcutaneous injections of B12 and found the subcutaneous to be more beneficial to me. Once I began the prescribed intervention for Zinc plus elements necessary for absorption, I felt renewed and restored. It was a devastating experience to have changes to my mood and cognition and I believe that my contribution to the wellbeing of clients that I have met and supported have benefited from my years of training, experience, skill and compassion. I also believe that I have many years remaining in the work force and expect to use those skills, training and responsiveness.

I am compelled to work for many years to come and must be at the top of my game so to speak. I believe that I have the right to choose my health interventions particularly those that do not carry unwanted side effects and are of assistance. I am hopeful that you are able to appreciate the diversity required to meet the needs of those of us who have benefited and returned to health.

Regards

[redacted]

[redacted]

[redacted]

From: [redacted]
Sent: Friday, 28 June 2019 5:48 PM
To: medboardconsultation
Subject: Submission re "complementary and Unconventional and Emerging Medicine

The Executive Officer
Medical,
AHPRA
GPO Box 9958
Melbourne 3001

Dear Sir/Madam

I am writing in relation to the above.

My name is [redacted]. I am 61 years old and an Australian citiizen living in rural New South Wales where medical services are limited.

I am extremely concerned about the proposed new regulations.

I have tested positive to multi systemic persistent infectious diseases. I have most likely had these for decades and have had symptoms for at least 20 years or more. Often vague symptoms that no medical professional could diagnose. They have now become chronic.

It is grossly unfair and in fact negligent on your part to penalise patients because a few have complained. Where is the Duty of Care for all those who have not complained about their treatment. As services are so limited and the medical profession untrained by the Medical Board to treat patients like me it is even more terrifying to hear about this.

To turn your back and inhibit progressive ideas relating to emerging medicine, irrespective of findings, is shockingly unfair and as stated a lack of "Duty of Care" to all those concerned. More specifically those regulations aimed at medical practitioners who aim to treat patients with Tick Borne Diseases.

I have used "unconventionial" supplements to help boost my immune system which pathology shows is much lower than normal or expected.
Plus I am using a number of other supplements that blood tests indicate I am low in or perhaps my body cant metabolize efficiently. I also have genetic mutations and faults that mean my body does not function as it should. Some of these supplements have been around for hundreds of years.

My Doctor gives me lots of information regarding any treatments I may have. I don't know where I would be today without this Doctor.
Whilst progress is slow which is to be expected for a Chronic Condition, I have seen progress. The first, since diagnosis nearly 2 years ago and the first progress since symptoms worsened significantly about 7 years ago.

I believe that as adults in a democracy, it is my choice to choose any treatment I believe is necessary. Many patients in my position have to travel overseas to seek help but Im not in a financial position to do so.

My belief is that the Board should accept integrative Medicine, both Complementary, or Unconventional or Emerging Medicine as well as conventional medicine and recognise this area as a speciality in order to allow increased Medicare rebates to help cover the increased costs of fulfilling the new regulations.

Only today I read about a bill regarding the treatment of Tick Borne Disease put before the Legislative Board in Washington State, USA. It was under "tickdiseaseaction.org". They are way ahead of Australia with regards to acknowledgement and treatment as are other countries in the Western World and Asia.

I always thought it was the duty of the medical professionals to provide the best and most up to date medical care available to them.

To lessen the pain and suffering of their patients. These patients have lost so much already. Their freedom, their careers, often their homes and certainly their finances, many friends and often family.
They have lost their health and only a few can help. It is scientifically proven, that many Chronic sufferers commit suicide.
Don't let this be Australia's legacy.

Yours Faithfully
[redacted]

I urge you to reconsider so that those in the community who have chronic illnesses, are so vlunerable and are least able to cope with the proposed changes, may have empathetic, trained and knowledgeable medical practioners who can treat them unhindered by the new proposed changes.

From: [redacted] [redacted]
Sent: Friday, 31 May 2019 4:32 PM
To: medboardconsultation
Subject: integrative doctors

To the board

I am emailing to express my concern that you are looking to limit and control what integrative doctors can prescribe and by doing this are therefore looking control and monitor their practice. As someone who regularly sees and integrative doctor with great success for my autoimmune disease where previously my regular GP and specialists could do nothing to help. I feel this is a huge limitation on my rights to seek the appropriate medical attention. To put these limitation in place is to not only deny my individual rights, but will also deny thousands of other patients their right to appropriate treatment and also the professionals who have worked very hard to gain their accreditation in their respective field.

Kind regards
[redacted]

[redacted]

Consultation on complementary and unconventional medicine and emerging treatments.

To whom it may concern.

I am a 64 year old male who has had two coronary bypass operations up to this point of my life. The first was as a 29 year old in 1984 and the second as a 40 year old in 1995. I have a strong history of heart disease in my family and after my second bypass my future looked bleak.

In 1998 I heard about Intravenous Chelation Therapy and after a consultation with a particular doctor, I started having Chelation from that point. After twenty intravenous treatments at one every two weeks I then went to one per month and have been having that dosage up to this point.

Since undergoing Chelation I have returned to an active lifestyle and I undergo an annual stress test with my Cardiologist who is very pleased with the results.

I feel that Chelation has been of great benefit to me and I would be very concerned if this option was no longer available to me. The fact that I have been having this treatment for almost 22 years without any adverse side effects proves to me that it poses no threat to my health. Indeed I think that after 21+ years the fact that no sign of atherosclerosis has surfaced speaks volumes of the treatment.

Prior to Chelation I had been hit with two heart events in 11 years then no issues in 21 years tells me that Chelation has had great benefits for me.

I think that it would be most unfair if this option was taken from me when clearly it has a very positive effect on me.

The current regulation with the Medical Board is adequate.

Yours Sincerely

[redacted]

From: [redacted]
Sent: Monday, 13 May 2019 12:00 AM
To: medboardconsultation
Subject: Integrative GP

Executive Officer
Medical - AHPRA
GPO Box 9958
Melbourne VIC 3001
medboardconsultation@ahpra.gov.au
RE: PUBLIC CONSULTATION ON COMPLIMENTARY MEDICINE AND EMERGING TREATMENTS
To whom it may concern

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

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

I cannot thank my doctors enough for the risks they take on themselves with Boards such as yours that are continually putting up road blocks when it is quite clear to the majority of patients, that the combined allopathic/complementary treatment protocols work. They do it, quite simply, because they care about their patients and want to make them better. It is rare I have ever felt cared for by mainstream doctors like I have with integrative.

Several years ago, I was not far off being bed-ridden, and had poor cognitive skills, constant unbelievable pain, migraines, and no quality of life. Diagnosed at 18 with Fibromyalgia and told repeatedly just to "live with it", that the pain was in my head, what sort of life could I have expected for myself being told that? Now, thanks to complementary treatments that worked well, and a doctor who believed me, I am a successful university student about to finish a Bachelor of Criminology this year. I expect I will complete Honours in 2022. I am still not at a point yet where I could seek meaningful employment, but I feel I will have the opportunity in years to come, provided I am able to continue on my current treatment regime. I have come a long way in the past 5 years, and it is with thanks to a doctor who understood and cared.

Imposing an increase in restrictions through changes to the guidelines will almost certainly stifle innovation and advancement of medical treatment options available in this country, and not just pertaining to Lyme Disease, but to other chronic and disabling illnesses also. This includes Fibromyalgia, thyroid conditions, chronic pain, chronic fatigue – all of these are debilitating, but are often ignored. Australia's medical system will slip even further down the rankings than it already is. Perhaps we should look to progressive countries such as Switzerland who are doing the complete opposite and are encouraging the use of complementary medicines? I cannot fathom why Australia would not consider doing the best for her people and allowing people to seek whatever treatment helps them.

I have used Complementary, Unconventional and Emerging Medicine and I highly value its availability and I am very happy with its practice. It has allowed me to live far more of a life than I ever thought possible. My treating doctor already provides discussion about options for treatment and their relative merits and potential problems. I value free choice in making decisions regarding my own personal medical treatment, and I value that my doctor and I can work as a team. I cannot express how much I value the sense that my opinion on my own healthcare is believed.

The suggestion of strengthened guidelines is far too controlled, an attack on my human right to seek any treatment I choose (which has worked). Whether you agree or not with the diagnoses, the treatment plans, it is not the Medical Board's decision to hold my future at jeopardy because of its own antiquated ideology. It does not matter to me how I get better, as long as I do. It should be up to me to continue seeking care and treatment by people I trust. You do not live in my shoes, you cannot comprehend the frustration of living the life of a chronically ill person, nor the frustration of being sick, feeling petrified of the unknown, and feeling completely and utterly alone.

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

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

Your sincerely

[redacted]

--

Kind regards,

[redacted]

Submission to The Medical Board of Australia in respect of proposed changes to definitions

I submit the following in response to your *intention to provide clearer regulation of medical practitioners* in certain circumstances. Interestingly, these changes are aimed at *practitioners who provide complementary or unconventional medicine or emerging treatment*.

My story

I spent in excess of eight years visiting both general practitioners and specialists for what seemed to be a "mystery" illness. From day 1 I suspected that I may have contracted something from the dozen ticks that had embedded themselves into me whilst on a rogaine in [redacted]. I felt quite unwell the next day with flu like symptoms, so visited my GP. When I asked about the possibility of tick borne illness, especially Lyme, I was assured that it did not exist in Australia. I trusted my GP and for 8 years was given various types of antibiotics, referred to all manner of specialists and underwent a range of tests.

All agreed there was something wrong with me but they did not know why I continued to decline in health. I was also diagnosed with many things such as early onset arthritis, early onset dementia, carpal tunnel syndrome, digestive issues and many more. I was treated for some of these and that did not assist my symptoms at all. Further testing always showed that these and other illnesses were not present.

This was an extremely frustrating process. The time to look further for help came when my GP considered it was something I was doing to myself. I was shocked at this conclusion as I had been fit, healthy and happy with my life prior to this all starting. However, on his advice, I did attend a counsellor and told them of what had been happening to me. They were shocked that I had been told this and assured me that I was well adjusted and balanced which was remarkable in terms of what I was physically having to endure.

There was little I could plan to do as I was not well enough to participate in much. Each night when I went to bed I wondered if I would wake in the morning as I did not know how much more my body could take. I had become unable to lead a normal social life as well but was fortunate to have the support of some great friends.

My research over the years had enabled me to understand a lot of the peculiarities of Lyme disease and why short courses of antibiotics provide only temporary relief at best. By this time I knew I had Lyme disease.

After 8 years of misdiagnosis and dismissal from the people I had gone to for help I visited Dr [redacted] after seeing him interviewed on a news program on TV. By this time I was existing rather than living. He suggested PCR testing which I did and the result returned positive testing for Borrelia.

The long term antibiotics, herbs, vitamins and mineral supplements Dr [redacted] prescribed slowly changed my life for the better. It took a few years but I began to become involved in life again, rather than just existing. When I was a bit stronger Dr [redacted] suggested I could think about visiting the Klinik St Georg in Germany for hyperthermia treatment. As I had been ill for so long and the disease had progressed so far into my body he felt it may be of benefit. I went and it was. It was like turning a corner away from Borrellia.

After that I continued treatment for Bartonella, Babesia and Chlamydia Pneumoniae which were other tick borne diseases that I had both tested positive and been symptomatic for. All have improved enormously, again with the use of long term antibiotics, herbs, vitamins and mineral supplements.

I am still on a maintenance program for this illness but no longer take antibiotics. After 7 years the supplements are now keeping me in fairly good health and I have been able to gain some weight again after having lost 20kilos from this disease within a very short space of time.

Through all of this time I have had chronic fatigue which seems to go hand-in-hand with this disease. I did manage to continue to work for a few years and then took a voluntary package to leave as I could not keep up the hours. Since then I have also had IV Laser, Ozone and Stem Cell Therapy which has helped me enormously with both chronic fatigue and a few minor issues that were still hanging on.

Objection to the proposed changes

I find it disappointing that your proposals talk of unconventional practices that are mainstream elsewhere in the developed world as well as showing promise here. As Australians can have difficulty accessing these practices they often travel overseas to access them if they are able to afford to do so. It is almost as if you are saying that Australians aren't competent to administer these treatments. Alternatively, you may be suggesting that the treatments that are available overseas are not reported legitimately. Perhaps you could speak to some of us who have used them and then see whether these treatments have been professionally administered and have helped us.

As for your comment that "Lyme-like illness" is not generally accepted as a diagnosis for people who have not travelled outside of Australia, I would suggest that you ask how many doctors actually ask this question. In my 8 years of trying to find out what was happening to me, I was not asked by any medical person whether I had travelled overseas. I had travelled extensively through rural Africa, India and South East Asia, yet not one of them knew that.

I will also add that while we continue to look for possible vectors in Australia that may spread this disease we are not treating thousands of people who continue to suffer and now you are trying to make it harder for them to get help.

I object to the changes you suggest and am ashamed to think that a board who represent a group of practitioners who claim to be making these changes to improve things, will do a great deal of harm if they are adopted. The option you propose stagnates medical progress in the treatment of some very sick people. It seems as if the board is afraid of new treatments and in particular "Lyme-like illness" actually being present. If it were not present in Australia you would have no need to mention it, surely.

If you are intent on removing access to these things as is, what do you propose to immediately have in place to help and support those like me who have suffered for years? How will you help them to improve when no conventional treatments have worked?

Conventional medical treatments did not contribute to any improvement in my condition. I became more and more ill through those 8 years. Thanks to the skill of Dr [redacted] and his immense knowledge of these diseases I have improved enormously through the use of long term antibiotics and supplements and some alternative therapies.

Leave the definitions as they are and give people a fighting chance of recovery.

[redacted]

[redacted]

[redacted]

7 April 2019

Medical Board of Australia
GPO Box 9958
Melbourne Vic 3001

AHPRA-MELBOURNE
RECEIVED
01 APR 2019

March 25, 2019

Dear Sir/Madam

I am writing to you with regards to the Board's considering options for clearer regulation of medical practitioners who provide complementary or unconventional medicine or emerging treatments. In particular, as is my case, Lyme disease.

In 2008, I was infected with this disease on an overseas holiday to the USA. I had the classic flu-like symptoms etc. Upon returning to [redacted], I progressively became more and more ill and my GP of 18 years could not give me a diagnosis. I underwent tests for MS, blood tests etc. Effectively, I was placed into a psychiatric facility. I was an inpatient for months at a time, have tried numerous medications and have had at least 40 ECT treatments.

To cut a long story short, I have been unable to obtain or regain the excellent health I had previous to this, but I am greatly improved. My son was also suffering as I was and he too was also unwell on our US holiday. He came across the possibility of Lyme disease.

We were fortunate to find two Doctors in [redacted] who are knowledgeable on Lyme disease. I had my blood sent to Germany for testing and it returned positive.

I have Neuroborreliosis which means that I do not handle treatment with anti-biotics well at all. In fact, the herxheimer reaction makes me extremely depressed and suicidal. This situation lead me to a Naturopath where I was prescribed Herbal prescription medication and I truly believe that it has saved my life.

In the words of my long-term GP…. "I know nothing about Lyme disease and do not know how to treat it"! Not even offering me the standard dose of anti-biotics.

I plead with you to consider people like myself, who are infected overseas and come home to very limited medical options. I have not had long term anti-biotics. I have been treated herbally, have learnt the importance of gut health and it's relationship to depression and anxiety which I still suffer from, debilitatingly so. I work with a 'medical team' for my health (including psychiatric care).

Please do not limit the few people that we have in [redacted] who are knowledgeable in helping people with this terrible disease. I beg you.

Many thanks,

[redacted]

[redacted]

From: [redacted] [redacted]
Sent: Sunday, 10 March 2019 8:58 PM
To: medboardconsultation
Subject: Integrative Doctors - great concern

Hello,

I am writing to express my concern that you are looking to limit and control what Integrative Doctors can prescribe and, furthermore, that you are looking to control and monitor their practice. I have been seeing an Integrative Doctor for 8 months now, and am finally seeing improvements in my health. This is after 15 years of struggling with chronic illness with limited improvement, and more recently 14 months ago being diagnosed with a tumour, having surgery and a full hysterectomy, and my health spiralling downward with no other doctors or health practitioners being able to assist me, until seeing the Integrative Doctor. I regard any limitations put specifically on Integrative Doctors to be a terrible wrong done directly to me, limiting my abilities and rights to obtain appropriate medical attention, and also a wrong done to the thousands of other patients whom could benefit from these forward thinking doctors.

I also think that it is small minded to place limitations on these medical professionals who, have qualified not only as doctors, but who have also broadened their horizons with additional studies to gain further accreditations to be able to create and offer more holistic treatments and approaches to their clients, most often with greater success, than the average GP, and often even specialist. It is the way the world is going, and one only has to look at the United States, where the demand for these doctors by patients is so great that the government needs to keep up with their demand. To limit integrative doctors is fear based. It feels like taking a step back in time reminiscent of eras of segregation, and lack of women's rights - it makes no sense to limit integrative doctors - it is old school and backward thinking. It is time for the government to step up and keep pace with the more forward-thinking countries in this world. To limit Integrative Doctors is to deny my rights and to deny my health, and let me tell you, my good health is sacred. I am only now beginning to find freedom from my health issues through the help of an integrative doctor. Please don't deny me, or anyone else this.

In faith that you will do the right thing,
[redacted]

[redacted]
[redacted]

To whom it may concern

I cannot believe you are still trying to restrict Complementary and Integrative medicine.

Thirty years ago and today your profession has no answers for the health and learning difficulties in myself, husband and four children. I learnt much from naturopaths but our problems were more serious, a supposed Fascio Scapular Humeral Muscular dystrophy, chronic fatigue, depression and learning difficulties. I went to a Doctor [redacted] in [redacted] He had four degrees Geology, Ag.Science, Medicine and Psychiatry. He knew of the lack of trace minerals in our soils— (See 1979 paper by Professor Underwood University of WA on the role of trace minerals and human health) With his Ag Science degree he new the nasties in our food. He tested his psychiatric patients for there lack of minerals, vitamins, amino acids and essential fatty acids and found many deficiencies what is wrong with that, these are the nutrients that keep us alive It should be the first port of call for all medical doctors but they are only trained to give drugs with attendant side effects. No answers for long term chronic illness. This is why people go to alternate practitioners. The doctors have two hours of training in medical school on nutrition

My chronic fatigue was B12 deficiency, celiac (both Gluten and Gliadin) and milk intolerance, picked up Dr [redacted]. My DNA is very ancient Irish 10,000 years ago. There were no grains and no cows till the Celts came 8000 years later. I have no enzymes for these foods. After my birth, my mother was hospitalised with pernicious anaemia, so epigentically my DNA changed in the womb and I needed more B12 than normal. At 82 I have had a injection every month for thirty years. I have taken minerals and vitamins etc for 30 years and no more fatigue, in fact I have nothing wrong just a very few grey hairs and I am not on any medical drugs. I also inherited low L.Carnitine the transporter for nutrients to the fetus and our muscles. Again looking at epigenetics my mother went vegetarian in the thirties, her twin babies, born after me, were limp babies! Limp babies have increased in England by 75% in five years. The doctors are calling it a virus, I say it is too many vegan mothers! The richest source of L Carnitine is found in red meat My son was conceived three weeks after a miscarriage when I was very low in Carnitine. He is now 53 and has red meat every day and an L Carnitine supplement. He has had no further loss of muscle.in 34 years. My husband is an A2 blood type and is mainly fish and meat eater — depression lifted. But his blood type formed in the ice age of Europe. A2's can react to pharmacological medication. He did!

All my four children are carnivores 0, A2, 0 and 0 blood types. Red meat is rich in B6 and zinc needed for memory and concentration. (learning problems in my children were all overcome) All Os need warm climate food. I was cooking my food for them as an A1 blood type. - a cool climate Mediterranean diet which is mostly white meat. Today on their own individual genetic food they are a [redacted]. I rest my case.

Now what is the purpose of writing to you with this information. Well it is a plea to stop trying to restrict doctors who use nutritional medicine and in particularly in their different pathology tests. Naturopaths and these doctors are doing what orthodox doctors should be doing. They get to the bottom of the health problem, you just patch it.

As a lay person I paid my way for 8 years to a medical conference in Canada for Orthomolecular Doctors and learnt of the latest studies that were not allowed in Orthodox Medical Journals. They have there own Journals. Look up the site on your computers you might learn why they are so successful. Many have been harassed and taken to court They were outstanding doctors who were curing people the natural way through diet and nutrition. I hope I am not a cynic but to me it is immoral to try and restrict our doctors. In the USA were they have these restrictions and they have the second worst health record in the developed world.

In [redacted] I started an organisation in 1988 that taught Nutritional Medicine to lay people and lectured around the state. My newsletters had the latest studies done by these Orthomolecular Doctors from around the world. if doctors are not to be taught Nutrition in medical school., mothers are needed to be educated particularly on the signs of common nutrients deficiencies in their children. My enclosed booklet to you is still being printed 25 years later. All my work is voluntary.

Dr Abram Hoffer was the president of Orthomolecular Medicine in Toronto told me in 1993 it would take 40 years for doctors to change. He lived to 95 still practising as a Psychiatrist. I am not anti drugs but they must be given on the understanding that they first test the lack of nutrients of the patient eg B3 niacin for depression Over the years I have studied the role of blood types and climatic diet origins and my observations were proven in three major studies by a Dr David Horribin in Scotland on schizophrenia and cold water fish oil — only A1 an A2 blood type benefited Now they have just announced in the "New Scientist" that the researchers to their amazement found **all blood types have different gut bacteria**!

My hope for the future of medicine is that there will be will a cheap blood test for mothers and babies to find deficiencies early so stopping illness in their future. That all doctors be allowed to practise orthomolecular or orthodox medicine if they wish.

as ever, [redacted]

Adrenal Fatigue

‘New Scientist ‘12 August 2017

Another nugget of internet wisdom, you can wear out your adrenals glands by being stressed leaving them unable to react and you feeling terrible. Adrenal fatigue is easy to self diagnose on the web **but neither doctors nor scientists recognise such a condition and there are no medical tests to confirm its existence**.

These photos went to the [redacted] [redacted] and the [redacted] who later publicly stated the signs on the face mean that the gut is not working. [redacted]

[redacted]

[redacted] **Adrenal lines are very clear. I call them** [redacted] **lines.** [redacted] All stress lines gone.

Adrenals when very low need Magnesium and Vitamin C to bowel tolerance plus B group vitamins (red meat) and Vitamin A (cooked Carrot). That is why Orthodox Medicine have no answers. Information on supplements acquired from Orthomolecular Medical Doctors. When very stressed you do not make stomach acid so experience poor nutritional uptake

[redacted]

[redacted] 2019

From: [redacted]
To: medboardconsultation
Cc: [redacted]
Subject: Re: Consultation on complementary and unconventional medicine and emerging treatments
Date: Sunday, 30 June 2019 1:31:43 PM
Attachments: [redacted]

Good morning

Please find attached an updated version of the submission I sent on Thursday 27 June.

I apologise for any inconvenience.

With thanks

[redacted]

From: [redacted]
Sent: Thursday, 27 June 2019 5:15 PM
To: medboardconsultation@ahpra.gov.au
Cc: [redacted]
Subject: Consultation on complementary and unconventional medicine and emerging treatments

Good afternoon

Please find attached my feedback on the Medical Board of Australia's discussion paper regarding 'Public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments.'

I give permission for this to be published.

With thanks,

[redacted]

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

Feedback – [redacted]

I would like to express my concern regarding the Medical Board of Australia's (MBA) current focus on complementary and unconventional medicine and emerging treatments.

In my experience, access to these protocols can have a significant impact on the wellbeing of patients with conditions for which conventional medicine is currently unequipped to address. My experience as one of these marginalised patients also leads me to believe that the MBA's motives for the proposed "*strengthen*[ing] *of current guidance*" are political, in line with the stances of other mainstream organisations such as the Australian Medical Association (AMA) and the Australian Health Practitioner Regulation Agency (AHPRA), and not at all to my advantage.

For 17 years, I have suffered a chronic, debilitating illness of unknown origin, which best falls under the term 'Lyme-like illness.' For the decade prior to my eventual diagnosis, I consulted doctors who, when unable to immediately identify the cause and suggest appropriate treatment, resorted to that old chestnut of "It's all in your head" and/or openly ridiculing me.

That kind of inappropriate emotional knee-jerk reaction has become so commonplace that conventional doctors now express it publicly, as demonstrated most prominently by Dr Michael Gannon during his time as the AMA's Western Australian President. Dr Gannon's comments were made during the Senate inquiry into Lyme-like illness, a particularly sensitive topic in the state he represented due to recent suicides of local patients who despaired of ever getting the treatment they needed.[1]

He told the media that patients were "*pretending that they've got Lyme disease*,"[2] called the few doctors risking their professional reputations to treat patients "*charlatans*" and declared the inquiry "*an unholy waste of money*," claiming the only possible outcome was more research, but that "*that research is already being done*."[3]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

Ironic, no?!

[redacted]

[redacted]."[4]

[redacted]

[redacted] As a patient advocate and activist, I am not aware of a single AMA initiative ever undertaken to support patients of Lyme-like illness in any capacity, including (but not limited to) championing the need for research.

[redacted]

Ignoring the fact that many patients have received positive test results from laboratories that the Australian Department of Health recognises as accredited,[5] [redacted]

[redacted] According to patient surveys by the Lyme Disease Association of Australia (LDAA), it takes an average of 10.75 years for patients to receive a diagnosis.[7] During that time, patients seek help from multiple doctors without success, usually facing the kind of ridicule and lack of constructive support I experienced. In fact, a third of patients consult ten doctors or more without result.[8]

[redacted] I speculate that all they know in this regard is that they don't like doctors willing to try unconventional treatment with informed and consenting patients, as it challenges the status quo that currently benefits them.

Most – if not all – of these patients are eventually diagnosed and treated by members of the Australian Chronic Inflammatory and Infectious Diseases Society (ACIIDS). Despite the lack of comprehensive treatment research available, ACIIDS' president estimates that 70% of his patients fully recover using their treatment protocol.[9] We can only imagine the success rate if these doctors were appropriately supported by the government and relevant medical and scientific bodies!

It is worth noting that in my own case, my diagnosis and subsequent treatment plan were accepted by the occupational physician and psychiatrist assigned to my (approved) income protection insurance claim. If these doctors, presumably conventional by nature of their job and highly skilled at identifying fraudulent claims, were able to apply critical thinking in the lack of absolute certainty, there is no reason why medical boards cannot.

However, in a reflection of the AMA's stance, Dr Gannon was promoted to National President just three weeks after making the above statements.[10]

[redacted] [11] but reinforced what I perceive to be the institutionalised aim of intimidating nonconformist doctors, by placing conditions of questionable validity on their ability to offer patients of Lyme-like illness the treatment they so desperately need.[12] The MBA's discussion paper has specifically referenced these cases without additional clarification to address the validity concerns previously publicly raised by the LDAA.

The inappropriately emotive reactions of [redacted] (that fall well short of the objective and informed approach of a professional in a scientific field), the refusal of professional boards to condemn these, and AHPRA's application of objectively contradictory conditions have fuelled the controversy surrounding unconventional and emerging treatments, to the detriment of patients like myself and our healthcare providers.

The practice of sacrificing patient wellbeing in favour of medical politics and ego is not limited to controversial conditions such as Lyme-like illness.

In 2016, celebrated neurosurgeon Dr Charlie Teo recounted a conversation with a *"surgeon I have a lot of respect for."* Dr Teo described being approached by this surgeon, at the request of his colleagues, to tell him *"Charlie, you've got to stop doing this, you're really pissing people off…Stop operating on patients that others have called inoperable."* Dr Teo said then showed the surgeon a child's xray; they both agreed the tumour present was operable. He then asked *"Do you want me to now call up that mother and say that that tumour is inoperable, and I am going to let your child die?"* The surgeon replied *"Yes, I do that every day."* Dr Teo concluded *"Every day he lies, so he doesn't piss off his colleagues, and he doesn't give opinions that are different to someone else's opinion."*[13]

To sacrifice the lives of children – or anyone, for that matter - in preference for the cowardice of succumbing to peer pressure is downright evil; there is no other word for it. And yet, it appears this issue remains unaddressed, at the expense of discussion papers such as the one to which I'm responding.

Just this month, Dr Teo spoke to the media about having his reputation tarnished by medical boards, saying *"even though I know the Health Minister and people in high places and lots of politicians, it means nothing when it comes to AHPRA or these lying medical monopolies."*

He explained to a journalist that *"governing bodies used different methods to carry out "a purge" including sham peer reviews, creating a hostile work environment and financial attacks against independent physicians."*

Dr Teo knows of *"six surgeons who had resigned, left the profession or committed suicide after being ostracised by other practitioners."*[14]

For his trouble, Dr Teo has now received a letter from the Health Care Complaints Commission threatening possible disciplinary action Dr Teo concedes he is likely to be forced out of the medical profession, saying *"They will eventually get me. A lot of good people have gone down to the system…I used to say just take the high road and the high road will always keep you protected but I* *really don't think that is true."*[15]

In light of all of the above, I have little hope that this consultation will result in an equitable outcome. However, I feel I must advocate for myself, my healthcare providers and the patient community, because that's all I can do.

The word 'conventional' is defined as "*based on or in accordance with what is generally done or believed*." By its very nature, conventional medicine lacks agility, leaving patients who are willing to take educated risks without options. In the case of Lyme-like illness, patients have been waiting since the mid-1990s for mainstream medicine to even acknowledge their condition, let alone treat it effectively.

I have already lost my health, career, financial stability, social life and opportunity to have a family while waiting for mainstream medical practitioners to stop taking digs at patients and launching personal attacks on doctors with alternative approaches, and actually fulfil the Hippocratic oath or Declaration of Geneva.

It is ludicrous, not to mention insulting, to imply that my life is of so little value that myself and my healthcare providers should wait passively until the mainstream scientific community decide my illness is worth significant research, eventually leading to mainstream medical protocols. I am worth more than that. Everyone is.

It is due to the irresponsiveness of the mainstream medical community and lack of associated funding that patients find themselves in need of emerging, unconventional and complementary treatments. To deny us this and punish those practitioners compassionate, open minded and proactive enough to seek solutions for us is reprehensible.

While I have yet to fully recover my health, unconventional/emerging and complementary treatment over the last seven years has helped me gain and sustain objectively measurable improvements. These include:

- resolution of hypoperfusion to bilateral temporal and posterior parietal lobes initially detected via SPECT scan. The comparisons were obtained on the same machine, and analysed by the same doctor.

- reduction of my elevated TGF Beta 1 (not directly related to Lyme-like illness)

- recovery of gag reflex

- recovery from salivary hypofunction

- stabilisation of hyperthyroidism

- recovered cognitive ability

- return to healthy weight after a drop to 45kg that lasted for approx. 10 years. I have now sustained a weight of 50kg for four years. The photos below, originally used for other purposes, illustrate this.

The first photo was taken in February 2013, approximately seven months into antibiotic treatment. At this time, I was actually experiencing a short term drop to a low of 43kg. To the left of my emaciated body is a small photo showing my pre-illness appearance as a point of comparison.

The photo on the righthand side of the page reflects my body's positive response to ongoing antibiotic treatment five months later, a year into antibiotic treatment.

[redacted]

In addition to the above points, I no longer experience the following symptoms: involuntary muscle twitches and tremors, mood swings, frequent accidental biting of the lips and cheek, freuqent speech difficulties, temporary facial paralysis, chronic abdominal pain, tinnitus, severe cystic acne, teeth chattering, breast pain, severe menstrual pain, genital pain, menorrhagia, pain behind eyes and in ears, fevers, night sweats, air hunger, dental pain, pins and needles/'crawling' sensation or 'cold patches' on my skin.[16]

I haven't accepted all of the treatment options proposed, and not all of the ones I consented to have worked, but I don't regret any of these decisions. I was educated about the risks and anticipated success rates beforehand, and made my decisions with eyes wide open. Had I not elected to embrace some of these practices, I could very well be dead; my quality of life was initially so poor that I didn't feel I could face for another 60 years of suffered existence.

Please find below my answers to the questions raised for consideration.

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

Yes, based on my knowledge as a layperson, I agree.

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?***

I generally agree. However, I don't believe that some of the examples provided in the discussion paper to illustrate the definition are valid.

Naturopathy, for example, would be considered by many as conventional. Mainstream Australian universities offer naturopathy qualifications such as Bachelor of Applied Science, Bachelor of Health Science, and Bachelor of Naturopathy.

In fact, in America, recognition of naturopathy has extended to the point that naturopathic physician courses are offered by universities accredited by the US Department of Education.[17]

According to the American Association of Naturopathic Physicians, *"A licensed naturopathic physician (ND) attends a four-year, graduate-level naturopathic medical school and is educated in all of the same basic sciences as an MD, but also studies holistic and nontoxic approaches to therapy with a strong emphasis on disease prevention and optimizing wellness. In addition to a standard medical curriculum, the naturopathic physician also studies clinical nutrition, homeopathic medicine, botanical medicine, psychology, and counselling. A naturopathic physician takes rigorous professional board exams so that he or she may be licensed by a state or jurisdiction as a primary care general practice physician."*[18]

In these contexts, naturopathy is not unconventional unless you are limiting your definition of 'conventional' to specific medical degrees. That approach strikes me as self-serving and unconstructive.

In relation to the examples of Lyme disease and "*long term antibiotics for Lyme-like illness*", I refer back to the words of then Chief Medical Officer Chris Baggoley "*The Medical Board of Australia does not set clinical standards or adjudicate on the treatment of specific conditions. The board does not have a position on Lyme disease in Australia or any disease or treatment regime... The conditions imposed on the registration of any individual medical practitioner are always specific to that practitioner. They do not reflect the board's view about any disease state or treatment regime. That has been a constant position. The board does not have a position on Lyme disease; it does not have a position on doctors who diagnose or treat Lyme disease."*[19]

ACIIDS' doctors commonly treat Lyme-like illness. This treatment usually includes a long-term antibiotic regime. Their president estimates a personal success rate of 70%[20] and approximately 4000 patients have been treated using this approach.[21] Many patients validated this by reporting details of their own recovery to the 2016 Senate inquiry on the topic.[22]

if the MBA is proposing to change their "*constant position*" it's a reasonable expectation that they provide clear and specific justification for this stance. At least 2800 patients have already benefited from antibiotic treatment for Lyme-like illness. To effectively ban doctors from utilising this protocol condemns thousands more to stunted, painful lives of isolation.

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

I agree that these are all possibilities.

In regard to making change, I believe the cost (financial and otherwise) of the proposed change needs to be weighed up against the degree of risk. Without case studies, I wonder how much of these issues are purely biased speculation, rather than real world examples.

In any case, I feel that the way the issues are presented is unbalanced and at times disingenuous.

The paper states that "*There are reports of medical practitioners who are not specialists, providing treatments for complex conditions without necessarily having the specialist level knowledge of the disease and its progression*." In the case of Lyme-like illness, theoretically it should be Infectious Diseases Specialists treating patients, rather than General Practitioners.

Unfortunately, these specialists are notorious in the patient community for ridicule and refusing any treatment options whatsoever. This impression is reinforced by Dr Rachel Wells, who describes herself as "*an Australian physician with 3 decades of clinical experience working in Infectious Diseases, General Medicine and epidemiology across multiple countries.*"[23] Dr Wells reports "a *lynch-like mentality towards medical practitioners using antibiotic therapy for "Lyme like disease" has continued to appear in posts on ozbug (an email based discussion forum for Australasian infectious diseases and microbiology specialists.)*"[24]

She provided the 2016 Senate inquiry into Lyme-like illness with an excerpt from her own contributions to Ozbug:

"*Anecdotally, the doctors treating "TBD"* [tick borne disease] *in Australia are having some success…The ID* [Infectious Disease] *specialty is as guilty as any in its use of non-evidence based treatment. It always amazes me how confidently physicians promote their own practice as best practice yet when working in different countries one finds completely different opinions held with equal confidence.*

The ID world is also far from innocent when cost considerations are raised. It is not uncommon to hear case presentations from ID specialists describing courses of futile therapy that have cost the health system millions of dollars – it all brings glass houses and the throwing of stones to mind.

…Microbiologists also seem to be very keen to criticise the interpretation of TBD serology whilst completely ignoring how hopeless interpretation of serology is in many infections.

… In summary, less of the derisive and self congratulatory attitude and more acknowledgment of the inadequacies of the microbiology labs' diagnostic tests for medically unexplained illnesses might be a better way to help these patients and their treating doctors. Progress in understanding underlying pathophysiology for medically unexplained illness will come through working together, not by hitting colleagues over the head with threats."[25]

In an ideal world, specialists would take pride in their existing skills and embrace opportunities to further their knowledge. In reality, however, patient wellbeing is sacrificed for the sake of ego and maintaining a status quo that benefits only those seeking to enforce it. I believe Australian society would be much better served if the MBA were to address this behaviour, rather than seeking to limit the options of a patient community already abandoned by the very people allegedly specialising in helping them.

The discussion paper refers with concern to conflicts of interest; what is the above, if not that?

The paper also states *"Patients may seek complementary and unconventional medicine or emerging treatments because of serious and/or chronic conditions and may be vulnerable to exploitation."* It strikes me as very convenient that the professional authorities are concerned about the vulnerability of chronically ill patients with regard to the healthcare professionals trying to help them, yet have no problem with prominent figures like [redacted] publicly ridiculing the already isolated patient community and making borderline defamatory statements about their doctors.

With regard to Lyme-literate doctors, the paper states *"Some use diagnostic tests that are not well accepted and/or testing in non-accredited laboratories."*

This is one of many examples of wilful ignorance within the Australian medical community. None of the pathology is sufficiently reliable, as recognised in the American legislation I reference in my response to Question 5.

The well-known two step serology approach of ELISA followed by Western Blot was recommended by the US Centres of Disease Control and Prevention (CDC) as surveillance criteria only. Somehow, the American medical community decided these tests were sufficient for diagnosis, despite the CDC's a medical epidemiologist Dr Paul Mead telling Connecticut's Department of Public Health's 2004 public hearing regarding Lyme disease that *"The clinical diagnosis is made for the purpose of treating an individual patient and should consider the many details associated with that patient's illness. Surveillance case definitions are created for the purpose of standardisation, not patient care. They exist so that health officials can reasonably compare the number and distribution of cases over space and time. Whereas physicians appropriately err on the side of over-diagnosis, thereby assuring they don't miss a case, surveillance case definitions appropriately err on the side of specificity, thereby assuring they do not inadvertently capture illnesses due to other conditions."*

"No surveillance case definition is 100-percent accurate. There will always be some patients with Lyme disease whose illness does not meet the national surveillance case definition. For this reason, CDC has stated repeatedly that the surveillance case definition is not a substitute for sound clinical judgment. Given other compelling evidence, a physician may choose to treat a patient with Lyme disease when their condition does not meet the case surveillance definition."

"…the laboratory test when it comes to diagnosis is just one bit of evidence. There are many bits of evidence that are important. The history of the patient. Had they been bitten by a tick? The nature of their symptoms. And I believe that just about any physician that has been here today will reaffirm that, as we were all taught in medical school, don't hang everything on one laboratory test or one finding. You have to consider the alternative diagnoses."

"I'm not in a position to really say that physicians are routinely turning away patients who they believe have Lyme disease because it doesn't meet one of these criteria. I would hope that they would not do that. If they feel that there is compelling evidence that a patient has Lyme disease, that they would make that diagnosis. That is their responsibility for that patient." [26]

The CDC still stands by this approach; their website currently states ""*Lyme disease is diagnosed based on symptoms, physical findings (eg. rash), and the possibility of exposure to infected ticks. Laboratory testing is helpful if used correctly and performed with validated methods."* [27]

The issue of accreditation is one often bought up, despite the Department of Health's Principal Medical Advisor stating *"It should be made clear that overseas laboratories—for example, IGeneX...Infectolab and ArminLabs...have sought their own certification in their own countries. I have been told that they are compliant with the international standard on requirements for quality and competence. From a recognition of their accreditation, there is no argument there."*[28]

Anecdotally, the labs named above are the most commonly used overseas labs without specific Australian accreditation. Anecdotally, the most commonly unaccredited test used in Australia is that of Australian Biologics.

Australian Biologics' Jennie Burke told the 2016 Senate inquiry "*Laboratories not receiving Medicare payments have never had any legal or other requirement to gain NATA* [National Association of Testing Authorities] *accreditation. There are quite a few small laboratories around Australia who do not have NATA accreditation and have no intent of doing so.*

Having NATA does not mean the laboratories' results are always correct, and not having NATA does not mean the laboratories' results are wrong. For example, in 2002, a Melbourne lab failed to test correctly for precancerous cervical cells. Approximately 34,000 Victorian women were urged to be retested. This was a Medicare/NATA-accredited lab. More recently, 100 patients in South Australia were given false positive tests for prostate cancer. This was only discovered when a urologist ordered some retesting. Again, this was a NATA-accredited Medicare lab."[29]

The Senate Committee agreed that this was a valid point, noting in their Final Report that "*It is important to note that discussion of laboratory competence should not be linked to discussion of NATA accreditation. NATA has stated that it makes no judgement about the competence of non-accredited laboratories"*[30]

The discussion paper also states *"Treatment options include conventional treatments such as antibiotics provided outside accepted treatment protocols."* The use of long-term antibiotics was in fact validated by the American government, which can surely be considered an indication of acceptance. The source of these treatment recommendations, the Lyme and Associated Diseases' (ILADS) treatment protocol[31] met the stringent criteria required for publication on the government's National Guidelines Clearinghouse (NGC) database. The ILADS guidelines remained published on the NGC until the site was discontinued due to lack of funding.[32]

The highly controversial Infectious Disease Society of America's (IDSA) treatment protocol, which was the subject of an anti-trust investigation[33] and a multi-award winning documentary,[34] recommended short term antibiotic use only.

[redacted]

The IDSA's guidelines were removed from the NGC in early 2016, because they did not meet the inclusion criteria *"...specifically, that all guidelines represented in the NGC database have been developed, reviewed or revised within the last five years."*[36] In fact, the IDSA's guidelines were last updated in 2006, before much of the research that supports the need for long term antibiotic treatment.[37]

Despite this, the IDSA recommendations were specifically referenced in the NSW Health 'Factsheet on Lyme disease' until recent years, although the site still recommends short term use of a single antibiotic.[38]

It is to my frustration, grief and absolute despair that this information has to be repeatedly spoonfed to supposedly learned organisations such as your own. The only possible explanations I can see for this are:

- wilful ignorance

- incompetence

- deliberate decision to ignore information that doesn't suit your agenda

All of these possibilities require a lack of personal and professional integrity. It is not practitioners of complementary and unconventional medicine and emerging treatment that are the greatest threat to chronically ill patients such as myself. It is you yourselves.

And yet here you are, determining guidelines to enforce professional and ethical standards for the entire country. Is it any wonder that the last email Dave, a patient of Lyme-like illness, had with his parents prior to his suicide read *"F** Australia"*?![39]

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?*

That without these options, many patients are left without any treatment or support from the medical community whatsoever, and are instead subject to the aforementioned public ridicule without relief or hope. This lack of perceived control and opportunity for recovery can realistically be expected to result in mental health issues for these vulnerable patients, and more of the suicides suffered by patient communities such as those with Lyme-like illness.[40]

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

My perception is that the discussion paper is presenting risks as purely applying to these types of medicine. However, conventional medicine also carries risks that patients are educated on as a matter of routine. I can see no reason why this approach can't be applied to complementary, unconventional or emerging medicine and treatments, albeit perhaps with additional precautions.

One option is that practitioners be required to provide patients with a document outlining the associated risks of practices falling into this category and/or a simple message stating that the practice isn't currently approved by some (?) Australian medical regulatory authorities, so patients should apply caution when consenting to treatment. Patients (or enduring guardians, those with Power of Attorney etc) would then be required to formally indicate informed consent with a signature.

Given that references to Lyme and Lyme-like illness have been made throughout the discussion paper, I would like to highlight the below American examples relating to informed consent

- In Virginia, serology for Lyme disease still considered conventional in Australia is recognised to be unreliable. Legislation was subsequently created requiring practitioners ordering the serology to present patients with written information including the following

> *"Your health care provider has ordered a laboratory test for the presence of Lyme disease for you. Current laboratory testing for Lyme disease can be problematic…if you are tested for Lyme disease and the results are negative, this does not necessarily mean you do not have Lyme disease."*[41]

- Similar legislation to Virginia's has since been passed in Rhode Island[42] and Maryland.[43]

- Vermont introduced legislation requiring healthcare professionals *"to provide information to patients that assist in their understanding of the available Lyme disease tests, the meaning of Lyme disease test results, and any limitations to those test results; and to obtain patients' written informed consent prior to administering long-term treatment for Lyme disease or other tick-borne illness."*[44]
- Maine legislation required the Department of Health and Human Services to include the following information on a publicly accessible site:

> *"1. Lyme disease may be difficult to diagnose and treat*
>
> *2. Some patients seem not to respond to the usual antibiotics used for treating Lyme disease and seem to have post-treatment Lyme disease syndrome. There are some doctors who believe that longer doses of antibiotics may sometimes be helpful. Some patients believe that they have benefited from extended treatments of antibiotics;*
>
> *3. Antibiotics can be lifesaving medications but can have serious side effects, such as the development of drug-resistant organisms. A patient who contracts an infection from a drug-resistant organism may never fully recover;*
>
> *4. A negative result for a Lyme disease test does not necessarily mean that Lyme disease is not present and if symptoms continue, the patient should contact a health care provider and inquire about the appropriateness of retesting or additional treatment"*[45]

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

In the case of patients of Lyme-like illness, I think it's relevant to note that the Lyme Disease Association of Australia's patient surveys have established that:

- it takes an average of 10.75 years to receive a diagnosis.[46] During that time, patients seek help from multiple doctors; in fact, a third of patients consult ten or more.[47]
- 28% require a carer
- 26% are unable to leave home alone
- 15% rely on disability aids such as wheelchairs or walkers
- 84% have required extended leave from employment or education
- 65% have had to abandon study or employment
- 65% have spent their savings and exhausted other financial resources
- 11% have had to sell their homes due to financial difficulty
- 60% suffer bouts of depression
- 44% have experienced suicidal thoughts

- 64% report that their friendship circle has shrunk, and immediate relationships have been affected[48]

These patients are legitimately sick, as acknowledged by former Chief Medical Officer Prof Chris Baggoley,[49] microbiologist Prof John Mackenzie[50] and [redacted] such as Department of Health's Principal Medical Advisor Dr Gary Lum,[51] Infectious Diseases Specialist Prof Peter Collignon,[52] and microbiologists Prof Stephen Graves.[53]

Yet there is no conventional treatment for them, and very little momentum from 'the powers that be' to rectify this. Where conventional practice has failed patients, they should be afforded the right to pursue and access the available alternatives, especially in the instance that these treatments have a proven (albeit anecdotal) success rate for thousands of patients.

To refuse chronically ill patients with debilitating conditions who are facing social stigma the right to choose treatment when conventional medicine has continuously failed them, is an act of unimaginable cruelty that has no place in a civilised society.

The draft guidelines state that *"The Board does not wish to stifle innovation or research nor limit patients' right to choose their healthcare"* but the quality of the discussion paper is, in my opinion, contradictory to that sentiment, as per my responses to earlier questions.

As a patient of Lyme-like illness, I have seen how AHPRA has imposed restrictions on doctors that are at times illogical and contradictory, as earlier mentioned. I have also seen the impact this has had on the number of doctors willing to treat patients. As the Lyme Disease Association of Australia observed:

"The small handful of doctors who are treating patients in Australia are being bullied and badgered from within their profession and also by AHPRA. It's probable that any Australian doctor that chooses to treat Lyme-like disease will be investigated, given that they administer antibiotics for a longer period of time than the one month treatment protocol and operate outside the ATG's. Further these doctors are not confident in referring patients onto an infectious disease specialist, given that Australian infectious disease specialists have a history of misdiagnosing, blatant discrimination, or outright withholding patient treatment.

This adds to the stigma surrounding the disease.

We've heard many anecdotal reports of Australian doctors who have stopped treating Lyme-like disease for fear of retribution. This reduces the number of doctors who are willing to take a risk and provide proper treatment and care for those who have tested positive for the disease. When Australian doctors feel intimidated by the surveillance and remove themselves from treating Lyme-like patients the problem is exacerbated for those doctors who remain committed.

On behalf of Lyme patients Senator John Madigan raised these issues with AHPRA and has 'lashed out at the medical profession's bullying of doctors treating patients with suspected Lyme disease'. In Senator Madigan's words 'this campaign of harassment and bullying is creating medical refugees out of thousands of sick Australians who now can't obtain treatment or who must go overseas to do so'."[54]

There is nothing about this exercise that gives me confidence that any updated guidelines wouldn't be abused in the same manner as those of AHPRA. The draft guidelines are extremely vague and at times contradictory. They could easily be manipulated for whatever agenda suits detractors of unconventional medicine and treatment.

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?***

I believe the current regulations are inadequate in protecting the rights of patients such as myself to seek the unconventional when conventional medicine offers no alternatives. My experiences over the last seven years with healthcare providers and treatment outside mainstream reinforce that belief.

It is not from the proactive and compassionate unconventional practitioners that I need protection. I need protection from 'authorities' such as yourselves, and your agenda to stifle the only practices that have given me sustained objective improvement, after a decade of closed doors and ridicule.

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

No. The guidelines are extremely vague, and many are not objectively measurable. This leaves patients and their healthcare professionals vulnerable to whatever interpretation serves the agenda medical authorities are supporting.

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

I don't agree with the guidelines, but I have provided some basic feedback, as below:

Re point 1, I believe it should be clarified that a medical practitioner does not have the right to refuse to treat the patient with conventional medicine just because the patient chooses to seek unconventional methods from another practitioner.

Point 2.2, "*Only offering treatments if you have the appropriate training, expertise and experience in both the treatment and the condition being treated.*" seems nonsensical. How might a practitioner obtain experience and expertise of a treatment or a condition if they are not allowed to perform the treatment unless they've gained experience and expertise in the condition and performed the treatment before?

And how is "*appropriate training*" defined? What steps will be taken to educate authorities in determining what degree of training is appropriate for each and every one of these complementary/unconventional medicines and emerging treatments? And what qualifications and experience must the educator hold to have such an influential position?

Re point 2.3 "*Arranging appropriate and timely specialist referral, when indicated*", this practice has failed spectacularly in the case of patients of Lyme-like illness and Infectious Diseases Specialists, as outlined earlier in my response. Also, when do these indications apply? Before, after careful consideration, a doctor prescribes long term antibiotic treatment, which according to point 2.2 they presumably don't have the right to do, therefore removing this option from Australian patients altogether?

Re point 2.4 "*Undertaking necessary training if you intend to change your scope of practice to include complementary and unconventional medicine and emerging treatments.*" This is very vague, and like all of this section, very open to interpretation and manipulation. How defines what is "*necessary training*" and using what criteria? Where will this be documented?

Re point 3.1, acting "*only in your patients' best interests*" is a highly subjective phrase. Some might consider long term antibiotic treatment for Lyme-like illness not to be in my best interest, and yet using this protocol, I've been able to return to a healthy BMI for the first time in a decade, and the hypoperfusion in my initial brain SPECT has disappeared.

Re point 4.1, "*Ensuring that patients who may be vulnerable because of the serious and/or chronic nature of their condition and/or because conventional medicine has not been effective, are not exploited or unduly influenced*" how might this be objectively achieved? I can imagine doctors being disciplined simply because a patient made the informed decision to proceed with the proposed unconventional approach.

The "*Assessment and Diagnosis*" section is a complete minefield when it comes to Lyme-like illness. While the Department of Health believes patients are genuinely sick, they have made very little effort to investigate the source of the illness, and subsequently, best practice for effective diagnosis and treatment. So where does that leave patients and their treating healthcare professionals?

How can the source of "*best available information*" reasonably be identified? Is it the Department of Health, or is it the extensive experience and 70% success rate of ACIIDS?

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

Nothing that my response has not already covered.

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.***

I don't believe Option 2 to be viable at all. Far from being "*strengthened*," the proposed guidelines are extremely vague, and many are not objectively measurable. This leaves patients and their healthcare providers vulnerable to whatever interpretation serves the agenda medical authorities are supporting at any time.

While I personally have not had negative interactions in my extensive experience with complementary and unconventional medicine and emerging treatments, I appreciate that a degree of risk exists, as it does with conventional medicine. This risk has not been quantified in the discussion paper, so I have no insight into how significant this risk might be, compared to conventional medicine.

With that in mind, my preference is for Option One. However, should information be made available clearly demonstrating that more guidance is required, I suggest another option is investigated; that of the American approach I have outlined in response to Question 5.

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[1] Perth Now, *The brutal bite of a hidden illness in Australia – Lyme disease*, 18 Apr 2016, https://www.perthnow.com.au/lifestyle/stm/the-brutal-bite-of-a-hidden-illness-in-australia-lyme-disease-ng-7eff05d29199ba092742fd5ff9f23266

[2] Seven News, *Senate inquiry into Lyme disease*, 14 Apr 2016, https://www.youtube.com/watch?v=-3M7eh2bpSQ

[3] ABC News, *Lyme disease Australian debate*, 14 Apr 2016, https://www.youtube.com/watch?v=Ge8TOVw_HQw&app=desktop

[4] These quotes are from two emails send by myself to the AMA on 19 and 21 April, 2016.

[5] Department of Health, *Supplementary Budget Estimates 2015-2016, Senate Hansard*, 21 Oct 2015, p16, http://www.aph.gov.au/Parliamentary_Business/Senate_Estimates/claccte/estimates/sup1516/index

[redacted]

[7] Lyme Disease Association of Australia, *Senate submission 528*, p24 http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Lyme-like_Illness/Submissions

[8] Lyme Disease Association of Australia, *Lyme disease: Australian Patient Experience in 2012*, p21, http://www.lymedisease.org.au/wp-content/uploads/2012/11/ldaa-lyme-disease-_australian-patient-experience-in-2012-22nov12.pdf

[9] Schloeffel, *Official Committee Hansard, Emerging tick-borne disease*, 2 Nov 2016, p 56, http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Lymelikeillness45/Public_Hearings

Australian Chronic Infectious and Inflammatory Disease Society, *Growing Evidence of an Emerging Tick-borne Disease that causes a Lyme-like illness for many Australian Patients, Senate submission 370*, p2, https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Lyme-like_Illness/Submissions

[10] Australian Medical Association, *Dr Michael Gannon elected new AMA President*, accessed Jun 2019, https://ama.com.au/media/dr-michael-gannon-elected-new-ama-president

[11] [redacted]

[12] Lyme Disease Association of Australia, *Growing Evidence of an Emerging Tick-borne Disease that causes a Lyme-like illness for many Australian Patients, Senate submission 528*, p26-28 http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Lyme-like_Illness/Submissions

[13] Ahn Do's Brush with Fame, *Episode 3, Season 1, Charlie Teo*, 7 Sept 2016

[14] The Sydney Morning Herald, *'They will eventually get me': Surgeon Charlie Teo threatens to quit*, 8 Jun 2019, https://www.smh.com.au/national/they-will-eventually-get-me-surgeon-charlie-teo-threatens-to-quit-20190608-p51vsf.html

[15] News.com.au, *Neurosurgeon Charlie Teo may face disciplinary action after complaints*, 13 Jun 2019, https://www.news.com.au/lifestyle/health/neurosurgeon-charlie-teo-may-face-disciplinary-action-after-complaints/news-story/0e6f51744c73f05c96d265207bf841fd

[16] More information on my particular case can be found in my submissions to the following Senate inquiries: *Growing Evidence of an Emerging Tick-borne Disease that causes a Lyme-like illness for many Australian Patients,* [redacted]

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[17] Council on Naturopathic Medical Education, *Accredited Naturopathic Schools*, accessed Jun 2019, https://cnme.org/accredited-programs/

[18] American Association of Naturopathic Physicians, *Professional Education*, accessed Jun 2019, https://www.naturopathic.org/education

[19] Department of Health, *Supplementary Budget Estimates 2015-2016, Senate Hansard,* 21 Oct 2015, p21, http://www.aph.gov.au/Parliamentary_Business/Senate_Estimates/clacctte/estimates/sup1516/index

[20] Schloeffel, *Committee Hansard, Emerging tick-borne disease*, 2 Nov 2016, p 56, http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Lymelikeillness45/Public_Hearings

[21] Australian Chronic Infectious and Inflammatory Disease Society, *Growing Evidence of an Emerging Tick-borne Disease that causes a Lyme-like illness for many Australian Patients, Senate submission 370*, p2, https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Lyme-like_Illness/Submissions

[22] Copies of submissions can be found at the below sites:
https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Lyme-like_Illness/Submissions
https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Lymelikeillness45/Submissions

[23] Wells, *Growing Evidence of an Emerging Tick-borne Disease that causes a LLI for many Australian Patients, Senate Submission 1108*, p1, http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Lyme-like_Illness/Submissions

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From: [redacted]
Sent: Monday, 18 March 2019 10:30 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

To whom it may concern,

I am writing this submission in response to the *Public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments.*

I use conventional doctors, integrative doctors and complementary therapists for myself and my children. The issues that you raise in the paper could equally apply to conventional doctors and in fact I have experienced many conventional doctors who appear to know little about the physical conditions I have presented, have not listened nor attempted to understand what the issues are, have done no research to investigate suitable treatments, and have simply prescribed generic antibiotics that offer no solution and in fact jeapodise my health further. Conventional doctors are at the whim of pharmaceutical companies and have a direct conflict of interest, which is noted as an issue in your paper. They are time poor and simply want you out of their office within 5 minutes. Thus they have no interest in researching and helping a real human with real issues.

Conversely, integrative doctors are privately paid to listen, hear a patient and research the best solution for their patients. My experience with integrative doctors is that they care. They are interested in finding solutions and seeing a patient back to health. They are not restricted to just mainstream medicine, thus they will utilise all the options available on the market, be it mainstream or alternative. Enforcing onerous regulations on integrative doctors, will potentially stifle their curious nature to research and explore emerging and leading edge practices that can result in profound healing for patients. Whilst some of these practices may not be classified as 'conventional' and clinically proven, it does not mean that they do not work and they do not help people. I myself have almost healed from osteoperosis due to some incredible work in hormone therapy and vitamin/mineral therapy with a fabulous integrative doctor. The other conventional doctors I saw in relation to my early menopause first of all did not believe I was early menopase due to my young age, and secondly were not prepared to give me any treatment, they simply left me to develop osteoperosis as well as other physical issues associated with menopause. After 18 months of seeing my integrative doctor my bones are stronger, I am more active, physically healthy and happy in my mind. This doctor has turned my life around.

I oppose any change to the regulation of complementary/integrative medical practitioners. I believe this will undermine their work and result in poorer professional advice and medical treatment, as they may limit the options available to their patients as a result.

Regards,
[redacted]

[redacted]

From: [redacted] [redacted]
Sent: Wednesday, 10 April 2019 1:13 PM
To: medboardconsultation
Subject: ‘Consultation on complementary and unconventional medicine and emerging treatments’

Dear Members of the Board

Point one :- Do you agree with the proposed term ‘complementary and unconventional medicine and emerging treatments’? If not, what term should be used and how should it be defined?

I do not agree with the terms mentioned above because they do not really describe the types of medical doctors who are being targeted.
Complementary in medicine refers to complementary therapies such as aromatherapy which can be learned in a short course and does not involve proper qualifications which are needed to be able to call a person a doctor.

Unconventional medicine implies that the doctor is against the treatments which are widely used.
However this is not necessarily true.
More often the homeopathic doctors or the herbalist doctors are approached by people who have found the treatments which are widely accepted have not helped them back to good health and thus they are still suffering from some ailment which makes them unable to perform to their full capacity.
Thus the so called unconventional doctors should be better called the Savior's servant because they can often bring a person back to good health with the medicine available in their chosen discipline.

Emerging Treatments are so far from other medical treatments because they are depending on recent discoveries and treatments which have not stood the test of time so they have no right to be considered in the same category as other medical disciplines which are not part of the mainstream therapies, or part of the alternative medical treatments.

Alternative medicine is a possible term for treatments which are not using mainstream medicines.
This would include treatments like acupuncture, homeopathy, herbal treatments and some Oriental practices which have been practiced for centuries worldwide.
This would not include emerging treatments until they have had the opportunity to have been used for at least a century.
In America about 40% of adults say they use some form of alternative medicine.

Point 2 :- Do you agree with the proposed definition of complementary and unconventional medicine and emerging treatments – ‘any assessment, diagnostic technique or procedure, diagnosis, practice,4 medicine, therapy or treatment that is not usually considered to be part of conventional medicine, whether used in addition to, or instead of, conventional medicine. This includes unconventional use of approved medical devices and therapies.’ If not, how should it be defined?

I do not agree with the proposed definition of complementary and unconventional medicine because not only have you lumped emerging treatments into the same category as so called complementary and unconventional medicine but you have also disassociated so called conventional medicine from the activities which you are proposing to define the so called complementary and unconventional medicine practices.
What would be the benefit of the so called complementary or unconventional doctors if they did not do anything differently?
But in my experience the so called complementary and unconventional doctors mainly differ from the conventional doctors when it comes to prescribing a treatment to deal with the condition from which the patient is suffering.
This in my experience is the main problem.

On one hand the pharmaceutical companies do not benefit if people use alternative medicine, and on the other hand people like me for instance would simply die if there were only the pharmaceutical medicines available to combat ailments.
Either way they lose out because by their very nature I can not be their customer.
So my question is why are you targeting the doctors who are helping us to maintain our health?
And why are you putting emerging treatments into the same category as the good old fashioned treatments provided by the so called complementary or unconventional practices?

Point 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'?

This is a strange question.
Once again the emerging treatments is merged with the good old fashioned treatments which are at present being labeled as complimentary and unconventional.
There is a disturbing paragraph just above this list of questions.
For easy reference I have copied it and pasted it below.

However, if approved, the guidelines will be a standalone document and will not include the examples currently in the discussion paper. The Board will develop supporting documents (based on the discussion paper) that will be available with the guidelines to provide information on the scope of the guidelines and include examples of complementary and unconventional medicine and emerging treatments. Providing this additional information separately from approved guidelines will enable the Board to update it as needed However, if approved, the guidelines will be a standalone document and will not include the examples currently in the discussion paper. The Board will develop supporting documents (based on the discussion paper) that will be available with the guidelines to provide information on the scope of the guidelines and include examples of complementary and unconventional medicine and emerging treatments. Providing this additional information separately from approved guidelines will enable the Board to update it as needed as the scope of this area of practice can be subject to rapid changes.

This paragraph intimates that the Board can make decisions without further discussions. The statement at the end of the paragraph " as the scope of this area of practice can be subject to rapid changes." might cover the emerging treatments but it certainly has little or no connection to the general mainstream so called complementary or unconventional practices.
Considering that these disciplines have been being used for centuries worldwide I do not see any connection to the concept of rapid changes.

Point 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 only practice which concerns me that the board might not have identified yet is that the lumping complementary and unconventional medicine with emerging treatments is not realistic because they are not actually connected.
They have nothing in common and they should not even be considered together ever.

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

There safeguards for patients who seek so called conventional medicine.
Why are the same safeguards not available for people seeking complementary and unconventional medicine?
As far as emerging treatments goes I think I have already mentioned enough times that they are in no way connected to the complementary and unconventional medicine, and I would like to add that they need to be dealt with
separately and with much careful consideration.

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

What would constitute evidence in this situation?

I could tell you of the many times that I have seen or personally experienced complementary or unconventional medicine successfully curing the patient even after the so called conventional medicine has not helped, and I could add some experiences I have had when conventional medicine had adverse effects on patients and how the doctor took no responsibility for the negative results.
But I have no documented proof of these things.
I only have my own conviction that the conventional doctors can be dangerous because they prescribe drugs which do not always perform as desired.

Point 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?

If the emerging treatments were considered separately then it seems rational that the current regulation of medical practitioners is adequate to address the issues identified and protect patients.
The fact that there is a modern movement referred to as emerging treatments should not unhinge or unseat the tried and tested practitioners or the Boards Good medical practice regulations.
It is folly to let the young ones rule the roost as they usually know less than they think they know, and the tried and tested systems are more reliable than the new ones just because they have had the time to become tried and tested.

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

Because the guidelines for medical practitioners issued by the board has put two groups of medical practitioners who are not in any way similar together they have created a situation where whichever way they decide they will be wrong.
Unless they separate the groups there will be no chance of dealing with any issues adequately.
The complementary and unconventional medicine is not some new kid on the block, it has been around for decades if not centuries, whereas the emerging treatments is dealing with treatments which did not even exist more than a decade ago.
It appears that most of the emerging treatments are invasive and there are a lot of things that could go wrong and the procedures appear to be expensive as well. If the patients are adequately informed of the risk they are taking then it would seem that they are willing to help the emerging treatments progress, but they are guinea pigs, and should not be led to believe they are being treated with the same kind of surety that one can expect from a so called complementary or unconventional doctor.

On a personal level I appeal to you to not create a situation where the so called complimentary and/or unconventional medicine becomes more expensive than it is already because I am sure there are plenty of people like me who need this type of treatment because the conventional doctors prescribe medication which is dangerous for me and can not heal me because I was born with a liver problem and thus my body does not assimilate the conventional doctor's medicine the way many people do.
If not for the herb doctor and the homeopathic doctor who have treated me over the years I would have died several times already.
I am very grateful to them for their invaluable help.

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

The Board should definitely stop putting the emerging treatments into the same category as the so called complementary and unconventional medicine.
The Board should recognise that there is a vast difference between these two types of treatments.

Point 10 :- Are there other options for addressing the concerns that the Board has not identified?

Reading through the pages after the points I find many sources of unnecessary confusion.

There are already standards in place to protect patients of so called conventional doctors, I see no reason that these same measures can not be used to protect patients of the complementary or unconventional doctors.
If a conventional doctor is newly qualified the chances are that such a doctor will improve with experience so in the early years of practice there might be opportunities to complain about the treatment given; this opportunity to complain should be available for patients of the complementary or unconventional doctors.
The lack of information about the medicines used by the complementary or unconventional doctors is unnecessary because the medicines are available for testing just as the so called conventional medicine is available for testing.
The use of medicines which have not been tested in the complementary or unconventional field is not likely because that type of medicine is tried and tested and there are records of the results of the medicine when used in a variety of situations.
The fact that the Board does not recognise these tests is not the fault of the complementary or unconventional doctors, rather it is a flaw in the workings of the Board which is creating an opening for charlatans to enter the field undetected.
Stem cell treatments are not part of the usual complementary or unconventional treatments so they should be dealt with separately.
Stem cell treatments should not be allowed to create problems for doctors and patients who are not involved with that type of treatment.
I am not an academically qualified person, so I have exhausted my capacity for thinking about this issue, however it does strike me that the solution is easy :- As you have already identified so many fields where there are problems, deal with them individually, set realistic and fair standards for legal practice and set punishments for breakers of those rules.
Don't let cheaters who use words like "feel younger" get away with treating people with experimental treatments just because they did not say "look younger" !
Who are the stakeholders?
It does appear to me that money is a stimulating energy in this process and I would like you to note that the general public do not have access to the amount of money being considered here.
It is the large number of patients who all contribute to the business who create the huge amount of revenue which causes envy in the hearts of the suppliers of the medicines which creates a war in the field of business, and which has nothing to do with the patients who are needing the medicines.
My advise is that you separate the issues, simplify the standards, set penalties which are reasonable, and do not penalise the complementary or unconventional doctors who are not engaging in unnecessary or dangerous treatments which are being promoted by persons who are seeking to enrich themselves by misleading the public by giving them false hopes.

Point 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.

Other :- Point 1 and point 2 are not fair divisions to deal with the issue.
I would suggest that the so called complementary and unconventional medicine providers are retained as presently under the approved code of conduct.

However I agree that emerging treatments and unnecessary treatments are put into categories of their own where they can be dealt with specifically.
There is stem cell therapy, brain stimulation therapies, beauty therapies, and perhaps some other therapies, which should be regulated to protect the public from charlatans who are interested in getting human 'lab-rats' and/or get rich schemes.
I do not believe it is the interests of the public to put the so called practitioners who provide the complementary and unconventional medicine to their patients into the same category as the practitioners who provide unnecessary or emerging therapies.

I hope this finds you well,
Kind regards from me,
[redacted]

Kind regards and best wishes from me,

[redacted]

From: [redacted]
To: medboardconsultation
Subject: SUBMISSION RE INTEGRATIVE MEDICINE
Date: Monday, 1 July 2019 5:09:48 PM
Attachments: SUBMISSION to AUST MEDICAL BOARD re natural therapies for doctors, 27-6-19.docx

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Hello Medical Board,
Please find my submission re integrative medicine.
I had it ready last Friday, but my formatting was lost. My formatting makes it much easier for you to read.
Although one day late, would you please accept it.
Would you **kindly confirm** that you have received this email.
Thank you,

[redacted] [redacted]
Email [redacted]
Web [redacted]

I am a health educator and I strongly support patient access to integrative and complementary medicine because I have seen health benefits in myself and hundreds of other people.

Benefits for me and my wife

In my own case, a prominent cardiologist assessed my arteries just after I turned age 70 in 2010. He commented, “These results are ridiculous for a 70-year-old. I would only see results this good once in a year”. By then I had been practising a healthy lifestyle, especially a balanced diet of unprocessed foods, for 42 years, and had been topping up the key minerals and vitamins with supplements for about 30 years.

My wife and I are both prone to leg cramps. With guidance from our GP, we take supplements of magnesium, which we find prevent the cramps. Magnesium is known to have a wide range of health benefits, which are spelled out in a book by Dr Sandra Cabot (GP) entitled, *Magnesium the Miracle Mineral*.

About 15 years ago, my vitamin B12 levels were found to be low. On the recommendation of a wholistic GP I commenced taking daily supplements of the B-complex and my B12 levels were soon much improved. This is hugely important to me because it is well known that deficiency of vitamin B12 can lead to brain damage.

Vitamin D is another nutrient that definitely requires supplementation if the person is unable to obtain it through sunshine exposure.

I have also occasionally taken herbs under the guidance of trained herbalists or an informed GP. The effectiveness of herbal remedies is backed by many hundreds of years of use. Traditional Chinese Medicine has been using herbs for centuries – and we know the Chinese are not stupid.

Our health problems diseases of civilisation

The critical role of lifestyle in disease cause and prevention was affirmed approximately 40 years ago when Australian ‘medical ecologists’ concluded that virtually all the health problems in Australia, with very few exceptions, are diseases of civilisation, which means diseases of lifestyle.

The standard tools of modern medicine, namely medical drugs, mostly do not treat underlying causes of diseases, rather they treat mainly the symptoms while the underlying causes continue unabated. Worse, they often create new health problems – side effects – which can continue to a number of levels. In contrast, natural therapies, correctly administered, rarely have side effects.

Is it natural therapies or orthodox medicine unproven?

The charge that natural therapies are scientifically unproven with the implication that orthodox medicine methods are all proven misconstrues the facts. There are hundreds of thousands of published studies on nutrition, including minerals, vitamins and other nutrients in relation to building health and disease prevention.

In my 37 years as a health educator I estimate that I have read the abstracts of something like 30,000 of them, and the critical role of sound nutrition, including adequate minerals, vitamins and other nutrients, is unmistakeable. A diet high in processed foods is deficient in many of these.

On the other hand, orthodox medical treatments are not entirely scientifically proven. Here is a list of examples from among the hundreds of such reports that I have read:

How drug companies deceive us

"It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of *The New England Journal of Medicine*." – Marcia Angell, *The Truth About the Drug Companies – How They Deceive Us and What to do About It,* Scribe Publications 2005.

No more that 15% medical interventions scientific
In 1978, a report by the US Congressional Office of Technology Assessment concluded, "No more than fifteen percent of medical interventions are supported by reliable scientific evidence."(Office of Technology Assessment, Congress of the United States, Publication NTIS/PB-286929 (1978): 7).

One percent of articles in medical journals scientifically sound
Thirteen years later, in 1991, Richard Smith, editor of the prestigious *British Medical Journal*, came to the same conclusion. He went on to comment that "Only one percent of the articles in medical journals are scientifically sound, partly because many treatments have not been assessed at all." (Richard Smith, 'Where Is the Wisdom? The Poverty of Medical Evidence', *British Medical Journal* 303 (1991): 798–99.

Medical error third most common cause death in the US
A 2004 report of inpatient deaths in the US Medicare population estimated that 195,000 deaths a year were caused by medical error between 2000 and 2002.

The US Department of Health and Human Services reported 180,000 deaths in hospital inpatients in 2008 due to medical error among Medicare beneficiaries alone. If this rate is applied to all registered US hospital admissions in 2013 it translates to over 400,000 deaths a year.

The *BMJ* authors conclude that: "Comparing our estimate to CDC rankings suggests that medical error is the third most common cause of death in the US." (Extracted and abridged from the *British Medical Journal*, 3rd May 2016. (Reference BMJ 2016;353:i2139)).

I understand that modern medicine is also the third leading cause of death in Australia.

Deaths from prescription drugs 500,000; deaths from supplements zero.
Nearly 500,000 Americans died after taking a prescription drug in 2015. By comparison, no deaths were recorded for vitamins, minerals or nutritional supplements.

In total, 443,900 deaths from prescription medication were reported to one of the US's poison centres, according to the US National Poison Data System. Analgesics were the deadliest poison, responsible for 11 percent of all reported deaths. Sedatives and antidepressants were the fifth and sixth major killers respectively.

Of these, 275,000 were due to some error—such as a wrong dose—and 130,000 were caused by unintentional misuse, such as taking the drug more frequently than prescribed. Nearly 40,000 deaths were attributed to an adverse reaction to a drug that was properly prescribed and taken.

There were no deaths recorded from anyone taking a mineral supplement, such as calcium, magnesium, zinc or iron, or an amino acid or herbal, such as blue cohosh, Echinacea, ginkgo biloba, kava kava, valerian or St John's wort.
(Source: *Clinical Toxicology*, 2016; 54: 924-1109)

Heart attack victims more likely to survive if cardiologist away
Leading cardiologists tend to be more interventionist and use techniques such as stenting to unblock a heart artery—but the patient is also more likely to die as a result.

Instead, those who are given minimum treatment after cardiac arrest and heart failure have a higher chance of still being alive a month after the initial attack, researchers from Harvard Medical School have discovered.

Overall, 15.3 per cent of patients who were admitted when the [cardiologist was away] died within 30 days, compared with 16.7 per cent of patients who were admitted and treated by the cardiologist.
(Source: *Journal of the American Heart Association*, 2018; 7: e008230)

Indigestion pills increase stomach cancer risk eight-fold
Acid-lowering proton pump inhibitors (PPIs) such as Prilosec and Nexium are definitely to blame for a raised risk of stomach cancer, scientists have confirmed.

The risk of developing stomach cancer rises the longer people use the drugs. The risk doubles among those who've taken the drugs for less than a year, but people who have regularly taken a PPI for more than a year have a five-fold increased risk, and it rises to eight times for those who've been taking a PPI for two years or more.

The increased risk was only among the PPI users, the scientists discovered. It adds to the drugs' list of risks, which already include pneumonia, heart attack and fractures.
(Source: *Gut*, 2017; gutjnl-2017-314605)

One in three people taking drugs that cause depression and suicide risk
More than 200 of the most commonly prescribed drugs—ranging from heart medications, painkillers, and indigestion pills—are linked to depression and suicidal ideation as side effects, say researchers from the University of Illinois.

The risk could be greater still as many older people are taking more than one of the drugs at the same time. Depression has affected around 15 per cent of people who were taking three or more of the drugs, 9 per cent of those taking two drugs, and 7 per cent of those taking just one of the drugs.

A similar pattern was seen in the rates of suicide in people taking one or more of the drugs, the researchers discovered in 2014.

Even over-the-counter medications—such as common painkillers or indigestion aids—can increase the risk of suicide and depression, the researchers warn.
(Source: *JAMA*, 2018; 319: 2289)

Aspirin and other painkillers kill 20,000 Americans every year
Common over-the-counter painkillers such as aspirin kill around 20,000 Americans every year, and another 100,000 end up in hospital as a result of taking the drug, new research reveals.

Painkillers known as NSAIDs (non-steroidal, anti-inflammatory drugs) are far more dangerous than people have been told, and can cause life-threatening gastrointestinal bleeding, stomach perforations and ulcers.

More than 14 million Americans regularly take a NSAID for their arthritis pain alone, and around 60 per cent of these will suffer gastrointestinal side effects – and will probably never blame the drug, researchers from the Eastern Virginia Medical School estimate.

"This reflects a common misperception that these medications are insignificant or benign when actually their chronic use, particularly among the elderly and those with conditions such as arthritis, is linked to serious and potentially fatal GI injury and bleeding," said Dr David Johnson, one of the researchers.
(Source: *Proceedings of the Annual Scientific Meeting of the American College of Gastroenterology*, October 15, 2007).

ADHD drugs triple risk of diabetes in children
Four 'atypical' antipsychotic drugs triple the risk of a child developing type 2 diabetes. The drugs, Risperdal (risperidone), Seroquel (quetiapine), Abilify (aripiprazol) and Zyprexa (olanzapine), are routinely prescribed for children with ADHD.

The drugs triple the risk in the first year, and the risk increases the longer they are taken or the dosage is increased, say researchers from the Vanderbilt University Medical Centre. The children at highest risk were also overweight.
Source: *JAMA Psychiatry*, 2013; doi: 10.1001/jamapsychiatry.2013.2053.

CONCLUSION

If the MBA imposes restrictions on integrative practitioners, this will deny me, my wife, other family members and many other acquaintances who use natural therapies the right to have the professional guidance of a medical scientist in the use of mineral and vitamin supplements, herbs and other natural remedies.

This kind of crushing of our rights to choose the treatments that we want is what I would expect in a communist country where the choices and needs of the population are irrelevant.

It would be a savage restriction on our needs to maintain health and wellbeing through the methods which we know to be well tested by experience, safe and free of side effects.

This move just might be a reflection of the power of drug manufacturers to eliminate competition.

I implore the Board to do the right democratic thing and maintain the status quo.

Attn Executive Office Medial
AHPRA
Melbourne 3001

30/6/2019

Falling to the floor, despite an attempted rest, trying to get off to school as a 16-year-old girl, trying to fit in or even just attend a class as a normal person, as simple as it sounds, is not possible. That is the life of a young person with Chronic Fatigue Syndrome. Add to that, the mother who would love to be able to help more but also has no energy and struggles to get through her own day, let alone support her eldest daughter.

Conventional medicine is unable to treat this mysterious illness and others such as Lyme disease. Trying to research and find a suitably knowledgeable practitioner is exhausting for someone with no energy. After years of failed treatment with conventional medicine we finally went under the care of a practice in another state and whilst we were cynical of Complementary or Unconventional and Emerging Medicines, (CUEMs) conventional medicine had failed us, so we gave it a go.

Fortunately, the treatment with CUEMs is giving us good results and an improved quality of life as such we totally value and support the expansion of availability of these practices.

Our CUEMs practitioner provides informed discussion on treatment options, their merits and potential problems. He explains complex medical concepts in terms that we patients, even with our foggy minds, can relate to. The decision to proceed with the treatment is always our own and we value our freedom of choice over the medical treatment options we have available to us.

We were shocked to learn of planned changes to govern the practice of CUEMs which won't even apply to conventional medical practice.

We implore you that no change is made or that at least all forms of medical practice are treated equally.

We were particularly disappointed that we can't even claim Medicare rebates for our treatment or medicines as we must have our session via Skype or phone as we live 8 hours away from the practice and the time, cost and energy is far beyond our means. Similarly, I ask that the Board accept that integrative Medicine utilising CUEMs as well as conventional Medicine be recognised as a Specialty, to allow increased Medicare rebates to help cover the increased costs of these regulations.

Yours Sincerely:

[redacted]

[redacted]

From: [redacted]
Sent: Monday, 8 April 2019 2:11 PM
To: medboardconsultation
Subject: Letter of support for integrative doctors

To whom it may concern

I am writing in support of integrative doctors continuing to be included and valued as an option for all Australian patients. This should particularly be considered where chronic and long term illness are apparent. My letter is inspired by my daughters improved health after seeing an integrative medicine practitioner.

My daughter was experiencing a range of health problems mostly concerning extreme gut pain and nausea, resulting in her not being able to eat any food without pain, extremely low energy, and eventually many months of non-attendance of school, not being able to enjoy daily life and managing pain meant not being able to sustain nutrition.

We sought help from our regular GP, who did some testing with no significant outcomes, we were prescribed an over the counter medicine to "potentially relieve symptoms" and left to wait it out to see if my daughter improved. It was a feeling of helplessness to have no clear advice or understanding of my daughters severe condition. The symptoms continued and worsened along with the prescribed medication (which did not provide relief) causing further complications which lead to an emergency hospital trip. Our daughter had an appointment with a gastroenterologist, during this time of acute illness at which point she had started taking a supplement to assist with food digestion and felt some improvement at which point we were told that if she felt the more severe symptoms again the next step would be endoscopy and colonoscopy.

It was not long after this appointment that our daughters symptoms returned and we came across integrative medicine practice and sought consultation. No stone has been left unturned in the investigation of our daughters chronic illness. We were immediately offered solutions of both dietary advice to alleviate discomfort as well as medications to further assist with digestion whilst we waited for test results to come back for a wide range of factors that may have been contributing to our daughters discomfort and overall health. Rather than having no clear answers at all we had a clear treatment plan from the get go.

After thourough testing and assessments, treatment of our daughters health has included medications as well as protocols to follow with diet and exercise regimes along with focus on bringing stress levels down. All areas of health were addressed and brought up to an optimum. Our daughter has felt completely supported throughout her treatment as have I as a mother of a chronically ill child, and our daughter is now able to live her life with very minimal discomfort and a great knowledge of how to remain gut flare up free and happy.

I am left to believe that had we not found integrative medicine practice my daughter would have endured so much more pain and discomfort not to mention invasive physically intrusive tests that possibly would not have had significant findings.

I will conclude with - it brings me great concern to imagine a world where this sort of patient care and incredibly effective medical practice was not available to people, should they choose to access it.

Yours Sincerely

[redacted]