Response to the Medical Board of Australia Consultation Paper

From The Therapeutic Touch Association of Australasia Inc (TTAA)

Therapeutic Touch® is a holistic evidence based therapy that incorporates the intentional and compassionate use of universal energy to promote balance and wellbeing (Therapeutic Touch International Association TTIA Website www.therapeutic-touch.org)
Therapeutic Touch was developed in the 1970's at New York University Teaching Hospital as a result of research into the work of people who appeared to have a capacity to promote growth, healing and balance through the intentional use of their hands. Dr. Dolores "Dee" Krieger, PhD, Professor Emerita, New York University Division of Nursing and Dora Kunz, medical clairvoyant, observed that this was a capacity which could be developed and used by health practitioners.

Therapeutic Touch has been a research-based practice since its development. Dr. Krieger's initial research demonstrated that the Therapeutic Touch interaction could increase haemoglobin levels in recipients as previous studies had indicated that chlorophyll content could be increased in healer treated plants. This finding was one of the first that allowed quantitative biochemical measurements in humans to detect healing energy effects (Gerber, 2001).

Therapeutic Touch was designed for use in mainstream health care and was taught in the community and through the Doctoral and Masters programs in nursing at New York University. Not only was an educational process established, since its inception practitioners of TT have undertaken research into its efficacy. An extensive bibliography of historical and contemporary scientific publications is maintained by Therapeutic Touch International Association. (https://therapeutictouch.org/)

Therapeutic Touch has been shown to promote relaxation; reduce anxiety; reduce pain; support the healing response; enhance symptom control; promote comfort in palliative care; and promotes relaxation and sleep (see bibliography attached for 2015 – 2019 publications as an example). As such it has proved a useful adjunct to care in the community and in health care agencies around the world including Australia, NZ, USA, Canada, France, Germany, Turkey, and Iran.

In summary Therapeutic Touch has been and is practised ethically, safely, with a well-constructed education program and supported by ongoing research for over 50 years. We feel most concerned therefore about a number of the assumptions and statements contained in the MBA Consultation paper.

General Comments

The Therapeutic Touch Association of Australasia is concerned about the combination of complementary medicine/therapies with what are termed unconventional medicine in this paper - namely the use of medical procedures in an unconventional way. We do not believe that such disparate and unrelated areas of practice should be considered together. We find that the association of low risk complementary medicine/therapies with the much higher risk area of medical practice to be confusing, misleading, unscientific and unnecessary.

We are also concerned about the stated jurisdiction of the guidelines to cover any association with complementary medicine/therapies to be draconian. The guidelines are fraught with the danger of stifling scientific exploration and freedom of choice for consumers and medical practitioners. We urge a change in attitude toward an open dialogue and exploration of complementary therapies, their effects and how they may be best used for the public good. Indeed, by contrast, Therapeutic Touch International Association puts forward its comprehensive bibliography, recognising the evolving the art and science of Therapeutic Touch, healing, and human energy field phenomenon as an area of research currently being explored and articulated.

Consumers by their willingness to use and invest in complementary medicine/therapies give testament to the value of integrative medicine to provide benefits for promoting health and wellness. As well they attest to the benefits experienced by consumers for support to deal with illness, trauma, birthing and the end of life plus the effects of required conventional medical care. What is more there has been a move to incorporate culturally appropriate complementary health care practices such as Indigenous healing into health care agencies with good effect (NITV Program). The medical profession has already responded to this interest and demand with up to 30% of general practitioners using some form of integrative practice (Caldicott, https://www.fxmedicine.com.au/content/dr-penny-caldicott-and-her-journey-integrative-medicine).

In view of what is already custom and practice for a substantial number of patients, their doctors and complementary health practitioners we urge the MBA to move from what appears to be a retroactive and politically driven attempt to turn back the clock to a much more proactive approach that is embracing of evolving research and public health trends towards complementary approaches to their health care.

A proactive approach which would facilitate exploration, provide a career path for integrative medicine and encourage medical practitioners to become trail blazers in culturally appropriate, integrative and innovative medical care for the 21st century. This would enable Australians to experience the best of comprehensive evidence based opportunities available for their health care.

A client centred approach that respects current trends and works with the patients' desires for a broader thinking approach to their health care would enable medical practitioners to walk beside their customers in a mutually and well informed approach to their care. Otherwise the medical profession runs the risk of being considered 'out of touch', and patients seeking non evidence based treatments without their doctors knowledge.

We argue that safe and effective integrative medical practice using complementary medicine/therapies is adequately covered by existing guidelines for good practice. Areas such as informed consent where adequate information is given in a way that can be taken in by the patient; taking an effective and unbiased health history where the patient is encouraged to share details of all their health care practices; selection of therapies appropriate to each patient's need plus prompt and appropriate referrals as needed are all part of any good allopathic or complementary health care practice. Likewise providing care to the level of one's knowledge and expertise, gaining adequate training in the area being practiced and remaining up to date are also requirements for any safe and good practice.

As explored in more detail below we do not find that there is adequate evidence presented to substantiate the concerns outlined in this paper or the claims for the lack of safety in the use of complementary medicine.

Preferred Option

The Therapeutic Touch Association of Australia supports Option One - with the additional suggestions as outlined above and, especially, the separation of complementary medicine from the unconventional practice of medicine.

Questions for Consideration

No 1 Terminology

Complementary Medicine

We are happy with the term complementary medicine but not with its definition or with its juxtaposition with the area of medical therapies used unconventionally. We also point out that within this paper the term 'complementary medicine' is also used interchangeably with the terms 'complementary therapies', 'complementary health care' and 'alternative therapies'. Complementary medicine or health care also needs to be recognised as a blanket term which can cover a huge range of therapies and approaches. These therapies and approaches have varying levels of educational preparation, professional structures, research activity and evidence bases.

Unconventional

It would appear from the paper that this term refers to the unconventional use of existing medical treatments such as stem cell therapy. We would argue that this remains medical practice and should be treated as such. These are unrelated in practice and philosophy to complementary medicine and complementary therapies and should not be dealt with in the same context.

Emerging

Once again a blanket term is used to cover a huge area, in this case of both conventional and complementary medicine. Surely emerging approaches to practice are occurring all the time. Change involving new and emerging approaches is an essential part of the growth of medicine and at the core of all the advances of medical science.
On the basis of the above our response will focus on the area in which we feel qualified to comment – the areas of complementary medicine. We will leave comments on medical practice whether conventional or unconventional per se to members of that profession.

No 2 Proposed definitions

Complementary medicine

Some of the definitions of complementary quoted in this paper are misleading. For example, in relation to many therapies including Therapeutic Touch® the quoted (p3) Medical Council of NSW definition that 'complementary health care is non- evidence based care' is simply untrue (consider, for example the bibliography for Therapeutic Touch® based on 50 years of research).
We would suggest that the definition of complementary medicine/therapies is best undertaken by the leaders in that field. We would support the definition quoted from the National Institute of Complementary Medicine that is:-

'A broad domain of healing resources that encompasses all health systems, modalities and practice and theory accompanying theories and beliefs, other than those intrinsic to the politically dominant health system…it includes all such practices and ideas self-defined by their users as preventing or treating illness or promoting health and well being'

A suggested definition for the term complementary therapy is:-

'the term "complementary therapy" is used to describe a range of approaches that aim to support health, healing and wellbeing. Complementary therapies are often combined with mainstream health care to support a holistic and integrated approach'.

The above definitions allow for recognition of complementary therapies arising from indigenous healing systems, traditional medical systems such as TCM and Ayurveda and other complementary therapies many of which have developed more recently.

Un-conventional medicine

Definition of this term is a medical matter. It is important to separate the term unconventional medicine from complementary medicine and define it clearly as the use of conventional medical procedures in an unusual way.

Emerging

We would suggest removing the term 'emerging' altogether, as it refers to all new approaches in conventional and complementary medicine and is part of the evolutionary process of modern science and best practice health care.
Complementary therapies have already contributed to the emergence of new approaches in medical care for a long time. An example is the continuing practice of using herbal substances as the foundation for the development of modern drugs and drug therapy. Every new step is an emerging one and at the beginning does not have an evidence base at least in humans. We would argue that all therapies whether emerging from conventional medicine or from the complementary therapy field should be granted the opportunity to gather an evidence base.

We would argue this could result in continuing considerable benefit in health care and call the MBA's attention to case of the very successful use of Mindfulness to promote mental health. Originally mindfulness was a Buddhist practice, not founded on modern research base but on thousands of years of skilled practice. When Dr Jon Kabat-Zinn introduced

mindfulness into his medical practice it was not based on modern scientific evidence. He later went on to build a modern evidence base of research in this field. Mindfulness is now used extensively in a variety of medical settings

Similarly, Therapeutic Touch® emerged from a pilot project called 'Frontiers of Nursing', conducted at New York University Teaching Hospital and is now used in hospital, health care and community settings such as emergency departments, cardiac units, aged and palliative care in a number of countries including Australia.

As an additional point, we would also point out that a lack of an evidence base in many complementary therapies relates to the lack of resources (both human and financial) to conduct research rather than on evidence that the therapy is ineffective.

No 3 The Nature and Extent of the Issues

We have major concerns with the issues raised and the manner in which claims are made about complementary therapies which are inaccurate and unsubstantiated.
We are also note that the stakeholders who requested this document have not been named. There has been no consultation with major industry stake holders in integrative medicine or with those in the complementary health sectors, nor with the general public. However, we welcome the call for public consultation with this document and the extensions of time for reply.

The definition of 'practice' as involving not only the use of complementary therapies by medical practitioners but research into them, referral to therapists in fact any contact at all with the field looks very like an attempt to engender additional control over a group of medical practitioners. It also could be an interpreted as an attempt to limit, albeit indirectly, access by the public to complementary therapies and to silence therapists themselves.

Academic independence vital to good research could be stifled and practitioners subject to vexatious claims about their practice. This would appear to set up a situation in which certain hands could affect right of choice of the public and their health care providers. It would also be directly contrary to what the community is requesting for their health care. In fact, more than requesting – as the Consultation paper notes, people are prepared to invest both time and resources in seeking out integrative and complementary care.

Evidence based

The statement that 'there is limited evidence for complementary medicine' (p. 15) is not supported by referencing and once again puts all therapies in one basket. There is considerable evidence for the use of a number of complementary therapies including herbal medicine, TCM and Therapeutic Touch. For instance Therapeutic Touch has over 60 doctoral and masters theses, 40 research based studies and 1,000's of case studies to its credit.

There appears to be little recognition that there are, according to the NHMRC, a number of different types or levels of evidence. There appears to be a narrowing of the definition to encompass only randomised controlled trials and meta-analyses of same.
The term 'not evidence based' appears to be used to denote that all therapies are unsafe and their practitioners even fraudulent. It does not take into account:-

- Genuine attempts to gather evidence
- Different types of evidence that may have been gathered – there may be considerable evidence of a lesser quality
- Limiting factors especially lack of financial resources, little access to research institutions, research subjects and skilled researchers
- The need to develop methods of research which are suited to a wide variety of therapies for instance traditional research approaches may not be the best way to gather evidence for indigenous and energy based therapies
- Evidence gathered through many centuries of skilled observation, trial and error and practice.

It is culturally insensitive and inaccurate to ignore or dismiss the evidence gathered over millennia by indigenous and traditional medicine systems. Evidence has been gathered through many centuries of skilled practice. Within the Australian context recognition of the ancient Ngangkari medicine which includes herbal medicine, physical touch and healing work is both culturally appropriate and offers a rich source of exploration https://www.youtube.com/watch?v=YyNlJdrZBPE

We would point out that there is a considerable amount of conventional medical practice which is based on 'lesser' forms of evidence also gathered through many years of skilled observation, trial and error and practice.

It is also important to note that even if the evidence for a therapy is strong – it is how that therapy is used which matters. Both evidence based complementary and conventional medicine can be misused or indeed ignored by practitioners depending upon their level of competence, beliefs and currency of knowledge. We would point to current medical practice in the areas of unnecessary intervention in obstetrics, to the use of arthroscopy in orthopaedic surgery and the current opioid addiction crisis as examples of this (Myers, 2019).

Both conventional and complementary medicine have been used incompetently or fraudulently. It is the role of bodies such as the MBA and in our case TTAA to set the standards and to discipline those practitioners who misuse any therapy.
With regard to the Consultation paper itself we would point to the fact that many times, the term 'concern' is used without any substantiating evidence being provided for why the unnamed source is concerned!!

Rather a very few individual cases have been presented as 'evidence' of the risks. For example in 'Issues and Concerns' page 6, second para, the statement 'the available information indicates that patients are being offered treatments for which the safety and efficacy are unknown' has no supporting evidence. We would like to know what the 'available information' would be. Where has it been sourced from? Where is the data to back up this statement? Furthermore the paragraph does not differentiate between complementary therapies and unconventional medical treatments or between different types of complementary therapies.

Much of the discussion and most of the concerns do not relate to integrative medicine or complementary medicine. In the MBA concerns around practice of therapies and treatments being offered, almost all relate to unconventional use of medical procedures. Examples are as follows:-

- 'Concerns as to practices include' on page 8. Once again these concerns relate to what does or does not constitute good health care and medical practice they are not particular to one therapy or another.

- 'Areas of practice' – on pages 8 & 9, only the first point out of a total of 6 points relates to the use of complementary therapies

- 'Complaints as a source of information' and 'Relevant tribunal decisions' – on pages 10 & 11 - only two points relate to Integrative medicine/ complementary therapy and their apparent use as an alternative rather than complementary therapy. Once again examples of poor practice are used to make 'a case' about the safety and efficacy of a wide collection of therapies and the practice of Integrative Medicine as a whole.

We would be very interested to know what proportion of complaints and tribunal decisions actually relate to Integrative medicine and complementary medicine. We would like to know the actual level of harm involved and the source of such complaints. How many complaints are actually from patients who are dissatisfied or where harm has arisen? How many are from anonymous sources? The need for more transparency is very apparent.

In short, we do not find that the Consultation paper has presented an evidence based case for the need of the proposed guidelines as they relate to integrative and complementary medicine.

No 4 Other concerns

We feel that the MBA could be highlighting the need for further research into complementary therapies and the need for MORE resources to explore complementary therapies and their use in integrative medicine.

No 5 and No 6 Safeguards for patients

Complementary therapies as unsafe

Under the heading 'Adverse events Data' on page 10 with reference to the first statement 'It is difficult to source data relating to the numbers of adverse events occurring with complementary and unconventional medicine and merging treatments' we point out that a valuable source of such data on complementary medicine namely practitioners of integrative and complementary medicine were not consulted.

A large group of stakeholders such as the Integrative medicine association AIMA, the Australasian College of Nutritional and Environmental Medicine ACNEM, and Complementary Medicines Australia CMA, plus various complementary therapy associations were not involved in the formulation of this paper or the proposed guidelines or approached to provide any data for same. We would like to point out that as far as we can ascertain Therapeutic Touch has not resulted in any serious risk over more than 40 years of use as a complementary approach. (TTAA 2019; TTIA 2019)

As Professor Stephen Myers (2019) points out, complementary therapies are generally more gentle interventions. This may be not only why people find them so attractive it also means that generally the effects are not as strong or as immediate. He points out that 'it's very hard

to make a safety issue against Complementary medicines'. He also notes that ethical and safe practice in integrative and complementary medicine has resulted in good awareness of drug-herb reactions which are therefore relatively rare. This is an excellent example of why good research and communication between conventional and complementary medicine is very desirable.

Modern medicine is a wonderful gift but it is not without its risks. Iatrogenic disease is a side effect of the strength and power of conventional medicine – there is significant morbidity and mortality with 40,000 deaths a year being attributed to iatrogenic sources (Myers, 2019). We are bemused by what amounts to unfounded scaremongering in relation to complementary therapies and urge those concerned with safety to turn their energy and attention to dealing with the very real risk of iatrogenic disease.

In 'Areas of practice' on page 8, first dot point – 'Complementary and alternative medicine'– it is stated that 'risks to patients increase when practitioners offer 'alternative' treatments for conditions such as cancer in place of conventional therapies' surely this is the case where any therapy is used in a way which is contrary to the patient's needs.

We note that as practitioners of a complementary therapy we still come across the assumption, such as inferred in this paper, that to offer a complementary therapy is commensurate with seducing patients away from conventional care. It's about time that the oft repeated concerns that 'people won't get the care they need because they use complementary medicine' needs to be supported by concrete evidence. In particular the claim that there is a danger of patients not seeking medical care needs to be substantiated. Is this an urban medical myth or an actual fact? Poor practice by an individual practitioner is not evidence that this is true, neither is the decision of an individual person to opt out of conventional medicine against advice from an integrative medicine practitioner or complementary therapist. We also point out that many of the Complementary therapy associations have codes of ethics and conduct, and guidelines for practice which support the use of their therapy as complementary to medical care not as an alternative, especially in the case of life threatening conditions.

However, if evidence should show that significant numbers of people are affected then the medical profession and complementary therapists need to work together to rectify the situation. Who is well suited to do this – well informed integrative medical practitioners. With regard to the proposed Guidelines themselves – the focus on treatment of people with cancer seems unnecessary given that good practice where conventional and complementary therapies are combined to support and enhance patient care relates to any condition whether life threatening or not. The benefits of integrative care in the treatment of cancer can include support and relief of symptoms for example a recent study showed that Therapeutic Touch was effective in reducing nausea in women receiving chemotherapy. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4579769/, https://www.ncbi.nlm.nih.gov/pubmed/18955319).

The integration of conventional medicine and complementary therapies to meet the particular needs of individuals and their families can deliver many benefits. This model has been inherent in the practice of Therapeutic Touch since its inception. Surely the safety of the public is enhanced if the medical profession is actively able to explore and access complementary therapies. In fact, one could say the doctors have a responsibility to be informed, be open minded and involved. We believe that the best safeguard for patients is to

have well informed and skilled integrative medical practitioners. We would support the establishment of a post graduate pathway in this field.

Integrative medical practitioners are very well equipped to be at the front line of the evaluation of complementary therapies and their safety and efficacy for use by the general public. They provide an invaluable service to those people who wish to combine modern medicine and complementary therapies. They are also well placed by their medical knowledge, skills and resources to support the gathering of a reliable evidence base for therapies desired by the community.

No 6 Other Evidence and Data

We also note that Integrative Medicine is expanding in other like countries such as the USA including at a number of prestigious universities. Therapeutic Touch was at the forefront of the early part of this movement, being integrated into post graduate courses in nursing at the University of New York in the 1970's.

We are puzzled as to why the practice of Integrative medicine, that is, the use of complementary therapies by registered medical practitioners cannot be covered by the existing standards of practice documents. We observe that no other professions covered by AHPRA have separate guidelines. In fact, the Nurses Board of Victoria (NBV) Guidelines for the Use of Complementary therapies are no longer extant.

No 7 & 8 Current Regulation adequate or draft guidelines?

We believe that in line with other regulated health professions, the provision of current regulations and guidelines and standards which cover practice should be adequate to cover complementary medicine and emerging practice. We do not find convincing evidence of additional harm or need for further regulation for the use by integrative medical practitioners of complementary therapies based on either the case presented in this paper or the literature available. We would also repeat that many of the complementary therapies cited in this document and used by integrative practitioners are self-regulated and have their own standards and guidelines which provide additional support for safe practice.
The singling out of a group of practitioners and therapies on the basis of little evidence for special control and regulation is a matter of concern for the public as well as for integrative medical practitioners.

No 9. Feedback on the Draft Guidelines Option two

We do not support this option especially the combination of complementary and unconventional use of conventional medicine.

No 10. Other options for addressing 'the concerns'

We urge a genuine transparent consultation process with integrative medicine and complementary therapy bodies and the public. Medicine should lead the way in health care, however it's important that this leadership role does not take the form of a paternalistic stance of always knowing best and of narrow gatekeeping. Indeed, the medical profession is at risk of losing respect from an increasingly educated and discerning public in attempting to do so. Rather than fear and attempts to control, embracing of emergent trends could strengthen the medical profession.

The Consultation paper states that there is a growing number of people using complementary therapies – these numbers have continued to grow since the 1970's and show no sign of stopping. As well, it acknowledges that people with chronic conditions which medicine cannot fix turn to complementary therapies for relief. We urge the MBA to support medical practitioners to explore the best practice use of complementary therapies and work in tandem with the field for the greater benefit of the community, especially where it appears that some relief can be experienced.

There is a very real risk that the long term effect could be the stifling of open scientific enquiry and the narrowing down of treatment options especially for people with complex and chromic needs.

We fully support the notion that professional bodies support ethical and non-exploitative behaviour on behalf of their members. However, it seems as though there is an assumption that the MBA is responsible for the financial decisions and status of all Australians regarding their health care – this is a much broader remit and could be argued sits within the realm of paternalistic behaviour rather than the co-operative and partnership based relationship advised in the good practice literature.

No 11. Option that best addresses the issues

The Therapeutic Touch Association of Australia supports Option One - with the additional suggestions as outlined above and especially the separation of complementary medicine from the unconventional practice of medicine

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