



**FRIENDS OF SCIENCE IN MEDICINE
SUBMISSION TO MEDICAL BOARD CONSULTATION
ON
COMPLEMENTARY AND UNCONVENTIONAL MEDICINE AND EMERGING
TREATMENTS**

Summary

Given increasing immigration, and the growing use and promotion of Traditional Chinese and Indian Medicine, we suggest that 'Traditional' be added to the proposed terminology: "Traditional, complementary, unconventional medicine and emerging treatments".

We have additional concerns that the Medical Board has not identified. These include a range of laboratory tests commonly used in complementary and alternative medicine and additional treatments such as chelation therapy for autism spectrum disorder and neurodegenerative diseases.

While we support the thrust of the Board's Option 2, we are concerned that it is far too weak. It requires a clear statement by the Medical Board that certain practices are unacceptable because they are exploitative and lack good evidence to justify them.

The Choosing Wisely strategy needs to be applied to "Traditional, complementary, unconventional medicine and emerging treatments". Health professionals interested in these matters should be asked to produce a list of exploitative and unnecessary tests, treatments and procedures that lack an evidence base.

The specific examples in the consultation document provide a start, as do additional examples we have provided. This list should be made available to practitioners and consumers for debate and refinement. A final list would then be used for consumer and practitioner education and ongoing audit of advertising and practice. If practice does not change, the Council of Australian Governments (COAG) should be asked to ban specific exploitative and non-evidenced-based practice.

Finally, a second list could be produced of established or emerging therapies for which more evidence is needed to clarify their place in practice. This list would be used to encourage research.

Background

The Medical Board of Australia is considering options for clearer regulation of medical practitioners who provide complementary or unconventional medicine or emerging treatments. Feedback has been received from stakeholders that additional guidance for medical practitioners is needed in relation to the practice of 'complementary and alternative medicine' by medical practitioners.

Concerns have been raised about insufficient information being provided to patients, inappropriate tests being ordered, inappropriate prescribing and inappropriate treatments being provided to vulnerable consumers.

The Board has released a public consultation paper to seek feedback on options for clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments. Written submissions are requested with a closing date of **30 June 2019**.¹

¹ <https://www.medicalboard.gov.au/News/Current-Consultations.aspx>

This submission is from Friends of Science in Medicine (FSM)

FSM was formed at the end of 2011 to emphasise the importance of basing Australian health care on scientifically sound research and established scientific knowledge published in peer-reviewed journals of accepted standing. Valuing scientific rigor is especially important in an age where unsubstantiated health claims are rampant, often financially motivated, and scientific consensus is 'imbalanced' by the views of extremists. In 2019, FSM has more than 1200 leading scientists, clinicians, lawyers and consumer advocates as supporters.

FSM campaigns, and submits complaints, against unethical promotion of therapeutic goods and services to consumers. The former includes many complementary medicines, diagnostic tests and medical devices. The latter includes some services offered by both registered and unregistered health professionals. We are as concerned about medical practitioners offering unproven and exploitive services, such as infusing intravenous vitamins and chelation therapy, as we are about Traditional Chinese Medical Practitioners claiming that acupuncture can treat infertility or Naturopaths advocating homeopathy.

We engage with regulators, such as the Australian Health Practitioner Regulation Agency (AHPRA) and their National Boards, the Australia Competition and Consumer Commission (ACCC) and the Therapeutic Goods Administration (TGA) about our concerns.

FSM has become a credible source of expertise to the media on these matters. A recent publication analysed 76 news stories that featured FSM as a 'voice' on complementary and alternative medicine (CAM) in mainstream news media between December 2011 and April 2017. The article concluded that FSM clearly dominated as, 'a voice that carries the credibility and legitimacy of biomedical expertise, apparently trusted by journalists as the new "CAM watchdog".²

Questions 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?

Given increasing immigration, use and promotion of "traditional medicine" such as Traditional Chinese Medicine, Ayurveda and Unani, we suggest that "Traditional" be added to the proposed term: "Traditional, complementary, unconventional medicine and emerging treatments"^{3,4,5,6}

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

We agree with the definition subject to adding "traditional" as proposed above.

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'?

We suggest specifically adding treatments (medicines &/or practices) which are exploitative and lack good evidence of efficacy. We also suggest an additional reference, "CAM-creep": Medical practitioners, professional discipline and integrative medicine.⁷

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?

² <https://www.ncbi.nlm.nih.gov/pubmed/30793332>

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4665030/>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4665030/>

⁵ <https://www.nature.com/articles/d41586-019-01726-1>

⁶ <https://www.scienceinmedicine.org.au/wp-content/uploads/2019/03/FSM-pathologyrecommendations.pdf>

⁷ https://www.researchgate.net/publication/267731387_CAM-creep_medical_practitioners_professional_discipline_and_integrative_medicine

Add chelation therapy for autism spectrum disorder and neurodegenerative diseases^{8,9,10} Also, laboratory tests commonly used in complementary and alternative medicine.¹¹

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

Yes, this should include a clear statement by the Medical Board of practices that are considered unacceptable because they are exploitative and lack evidence. For example, IV Vitamin C for cancer, chelation therapy apart from heavy metal toxicity, antibiotics for "Lyme" disease and homeopathy. The proposed Medical Board Guidelines "Guidelines" are far too weak. The Chiropractic Board has been able to be more categoric, e.g. "Chiropractic care must not be represented or provided as treatment to the unborn child as an obstetric breech correction technique".¹²

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

See above.

Options

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

No! The status quo is unacceptable.

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

No! There are far too weak. Unacceptable practice must be spelt out. See below.

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?

Yes, Ineffective and potentially dangerous practice must be spelt out. See below.

10. 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.

No! As stated above, the status quo is potentially unsafe and professionally inadequate.

- 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".
- **Option 2 is a useful start but far too weak. Unacceptable practice must be spelt out and a clear distinction between evidence-based and 'faith-based' treatments should be recognised See below.**

What needs to be added to option 2

The Medical Board has clearly stated the weakness of option 2. They said the proposed guidelines:

- would not restrict medical practitioners' practice;

⁸ <https://www.ncbi.nlm.nih.gov/pubmed/26106752>

⁹ <https://www.ncbi.nlm.nih.gov/pubmed/27033472>

¹⁰ <http://www.choosingwisely.org/clinician-lists/american-college-academy-medical-toxicology-chelation/>

¹¹ <https://journals.sagepub.com/doi/full/10.1177/0004563218824622>

¹² <https://www.chiropracticboard.gov.au/News/2016-03-07-statement-on-advertising.aspx>

- would not result in significant cost increases for consumers or medical practitioners;
- would not restrict existing, accepted practice that may fall within the definition of complementary and unconventional medicine and emerging treatments; and
- would have minor impact on practitioners and consumers.

In short, they will be ineffectual. They may provide the consumer with more information about questionable practices but, given the power imbalance between practitioner and patient, we would be surprised if the guidelines have any impact, especially as there appear to be no plans to better define and measure the extent of unacceptable practice, let alone evaluate the impact of the new guidelines.

The Choosing Wisely campaign strategy¹³ needs to be applied to “Traditional, Complementary, unconventional medicine and emerging treatments”. Health professionals interested in these matters should be asked to produce an evidence-based list of exploitative and unnecessary tests, treatments and procedures. The specific examples of the procedures and treatments being offered about which there are concerns (page 8-9 of the consultation document) provides a start, as does the additional examples we have mentioned above. This list should be made available to practitioners and consumers for debate and refinement. The final list would then be used for consumer and practitioner education and ongoing audit of practitioner advertising and practice.

Another list could be produced of established or emerging therapies for which more evidence is needed to clarify their place in practice. This could be used to encourage research.

On behalf of Friends of Science in Medicine, 24 June 2019

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¹³ <http://www.choosingwisely.org.au/home>