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To: [medboardconsultation](#)
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Subject: Public consultation on complementary and unconventional medicine and emerging treatments
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Attachments: [Pharmacy Submission.docx](#)

To whom it may concern, thank you for allowing us to comment. Attached is our submission.

Kind regards

Jack Benn, Sol Benn and Tom Andrew

Captain Stirling Pharmacy

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Medical Board of Australia
By email: medboardconsultation@ahpra.gov.au

We are writing in response to your proposal to impose greater regulation on the use of integrative, alternative and complementary medicines as outlined in your paper, '*Clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments*' (**Paper**). The Paper seeks to institute greater regulation and prevent practitioners from providing complementary therapies (**Proposal**).

We are a compounding pharmacy who provides support to various practitioners, both integrative and conventional. As such, we are consumer driven organization which balances interests in both pharmaceutical sales and patient wellness. The latter, whilst a non-financial driver, is central to our decision to pursue careers in health care.

We have read with interest, numerous responses to your Paper and feel, for the benefit of our clients and the many practitioners we work beside, the need to make a submission that Option 1 in your Paper should be accepted- no further regulation of integrative and complementary medicine be introduced. Our rationale is set out below.

1. The Proposal wrongly implies that complementary medicine is unsafe and not evidence based

The Proposal is premised on the grouping of complementary and integrative medicine with unconventional medicine and emerging treatments. Practitioners in each area will be subject to the same scrutiny and limitations.

In our view, it is incongruous and incorrect to suggest commonalities between the streams and such an inference wrongly implies that complementary and integrative medicines are not evidence based and historically safe. By including complementary and integrative medicine with these other terms, there is unsubstantiated suggestion that registered practitioners who offer complementary treatments to their patients are actually conducting odd, weird, unsafe and unproven practices.

2. The Proposal fails to recognize patient freedom of treatment choice

In our experience, medicine and pharmaceuticals are becoming less personalized as a result of commercial factors. This will be exacerbated by your Proposal.

We support the individual's right to be fully informed of the basis for intervention. However, each individual should still be permitted a safe environment to make a choice on their treatment.

This view is premised on the basis that practitioners, subject to appropriate conduct (see below), review each patient and identify potential interventions as supported by evidence. The patient and practitioner work together to select appropriate treatments which are then administered by a registered practitioner.

The Proposal affects that right in several ways:

- (a) By establishing a two-tiered structure of regulation for 'registered medical practitioners' and 'registered medical practitioners who provide complementary and unconventional and emerging treatments', the Proposal will restrict consumer choice by impacting on service availability and treatment costs. We are already aware of a practitioner who, previously, provided integrative health plans which were reported by patients as incredibly effective. The Proposal has caused this practitioner to remove complementary treatments from his resource for fear of consequence. We have received anecdotal reports from his patients, that their health and wellbeing has suffered.
- (b) The limitation on registered practitioners providing complementary medicine will encourage patients to consult with more dangerous fringe practitioners and, worse still, non registered quasi-medical providers. We believe that irrespective of the Proposal, patients will seek out various opinions and approaches to address their health care requirements. To force complementary medicine outside of the use of registered practitioners will remove appropriate regulations that already inform the practice of those practitioners.
- (c) By limiting availability and penalising practitioners who seek to use an integrative medicine approach, the Proposal encourages patient secrecy and 'doctor shopping.' We are aware that patients will use therapies in secret where a practitioner is unwilling to be involved in their use. Whilst such an effect on unproven and fringe medicines is unavoidable, patients should be encouraged to inform practitioners of all treatments and be allowed to include evidence-based treatment in their health plan. This is particularly relevant in our findings to patients with diverse cultural backgrounds.
- (d) As a compounding pharmacy that is heavily involved in both integrative and conventional medicine, patient feedback regarding integrative models is generally more positive. In our experience, the patient profile for integrative intervention is a proactive, educated and compliant individual. These people are usually more willing to make changes to their lifestyle, to embrace wellness and pursue life quality. We would encourage transparency and the maintenance of this management. This cohort of the population should be encouraged since the end result will be a healthier happier patient who cost our health system significantly less in the long term.

3. The Proposal does not identify any evidence of actual harm from complementary treatments

There is no demonstrated need to regulate complementary medicine. Ironically, given the Proposal's stated interest in evidence-based practice, there is little quantification in the Paper of the risk of complementary medicine as justification for the proposed additional regulation.

We have never encountered, via hearsay or direct experience, evidence that complementary medicine has caused a serious adverse outcome for a patient. Rather, our experience with complementary treatments has been positive. Particularly, it has provided a proactive approach to health management, which is quite distinct from the reactive conventional medicines which are pushed into everyday treatment. Complementary medicine tries to minimize unnecessary pharmaceutical use and reduces interventions.

4. The Proposal is unnecessary to address the purported risk

The additional two-tiered regulation of registered practitioners is unnecessary given that the Medical Board already maintains a strong regulatory document, the '*Good Medical Practice: A Code of Conduct for Doctors in Australia*' (**Code**) which sets out requirements for registered practitioners in Australia. We believe that the existing regulation is sufficient.

The limits on all registered practitioners to ensure medical interventions are safe and in the best interests of the patients, does and should, apply equally to all types of medical intervention. There is no requirement to further sanction complementary medical practitioners.

The additional use of administration and guidelines simply complicates and cost-intensified what is a sufficiently regulated area- the treatment by registered medical practitioners who have undergone considerable study to provide, what is in their educated opinion, as appropriate for each patient.

Conclusion

We believe that Option 1 in your Proposal "no new regulations are required for doctors practising in the areas of complementary medicine and integrative medicine" should be accepted.

All doctors should follow a single code of conduct and one set of practice.

All consumers should have a right to take on the information provided by doctors and identify what is the right course of treatment for them.

All relationships between patients and practitioners should encourage openness, personalisation and individual effectiveness.