

Executive Officer  
Medical Board of Australia  
AHPRA  
GPO Box 9958  
VICTORIA 3001

26 June 2019

Dear Executive Officer, Medical Board of Australia

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

Cancer Council Western Australia (CCWA) and the WA Clinical Oncology Group (WACOG) commend the Medical Board of Australia for encouraging public debate and accepting submissions on this important community issue.

CCWA is a non-government, not-for-profit cancer organisation that has no religious or political affiliations. CCWA has been involved in cancer research, patient support, cancer prevention and advocacy in Western Australia (WA) for 60 years. CCWA is a leading and active member of the cancer community, which comprises people affected by cancer, whether through a personal diagnosis or as family members, carers or health professionals.

WACOG was established in 1996 by CCWA (then known as Cancer Foundation WA) with funds from the WA Department of Health (DoHWA). The purpose of the program is to promote high quality clinical cancer education in WA via the establishment of an ongoing program of medical professional development opportunities and educational meetings, to promote co-operation and maximum possible adherence to best practice in the care of cancer patients; and to advise CCWA on all clinical aspects of cancer. WACOG also promotes and facilitates cooperative studies on cancer.

**Our interest in this consultation**

CCWA and WACOG's supporters, clients and staff come from all backgrounds and have diverse views on this topic. As an advocate for cancer patients and their families, our responsibility is to ensure that these views are heard and respected, and that any future regulatory reform reflects community sentiment and the best available evidence.

We are committed to ensuring that consumers have access to evidence-based cancer information, screening services, treatments and supportive care. Health consumers, especially cancer patients and their families are a vulnerable population. Although some examples of complementary and unconventional medicines and treatments may be safe and beneficial for the wellbeing of cancer patients and for relieving disease/treatment symptoms, we are concerned that there are other examples of complementary and unconventional medicines and treatments which have no evidence

base to suggest any health benefit to the patient and indeed can be harmful, as some therapies and treatments may interact with conventional medicines or with each other.<sup>1</sup>

In this respect, we endorse the position statement of the Clinical Oncology Society of Australia (COSA) in the use of complementary medicine by cancer patients.<sup>2</sup> We also refer to the NHMRC document, "Talking with your patients about Complementary Medicine – a Resource for Clinicians."<sup>3</sup> This provides guidance on initiating a conversation with patients about the use of complementary medicines and discussing the evidence, effectiveness and potential risks in a way that does not alienate.

### **Preferred Option**

CCWA and WACOG support 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*.

Cancer patients are recognised as a vulnerable group and any medicines, diagnostic techniques and treatments should minimise the risk of potential physical, psychological or financial harm. CCWA and WACOG see Option 2 as an opportunity to strengthen the current guidelines, offering the greatest benefits to the community. CCWA and WACOG are concerned that the current guidelines do not do enough to protect vulnerable patients. We refer to recent Coroners' Report and disciplinary proceedings by the State Administrative Tribunal, which involved Western Australian doctors and cancer patients.<sup>4,5,6</sup>

CCWA and WACOG fully support the Board's preferred Option 2.

### **Definition of "Complementary and unconventional medicines and emerging treatments"**

CCWA and WACOG have concerns regarding the grouping of terms "complementary and unconventional medicine and emerging treatments", as the distinction needs to be made between evidence based (complementary) and non-evidence based (unconventional, alternative, unproven, emerging) medicine and treatments. CCWA and WACOG support particular non-invasive

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<sup>1</sup> Clarke SJ and McLachlan, AJ. Interaction between complementary and alternative medicine with conventional anti-cancer medicine. *Cancer Forum*. March 2011; 35(1). <https://cancer.org.au/content/healthprofessional/CancerForum/issues/2011-March.pdf>

<sup>2</sup> Braun L, Harris J, Katris P, Cain M, Dhillon H, Koczwara B, Oliver I and Robotin M. Clinical Oncology Society of Australia position statement on the use of complementary and alternative medicine by cancer patients. *Asia-Pacific Journal of Clinical Oncology* 2014; 10: 298-296.

<sup>3</sup> National Health and Medical Research Council (NHMRC). Talking with your patients about Complementary Medicine – a Resource for Clinicians. April 2014. Available from: <file:///C:/Users/asartori/Downloads/complementary-medicine-resource-clinicians.pdf>

<sup>4</sup> Medical Board of Australia and Nuttall [2017] WASAT 58 (S):  
[https://www.sat.justice.wa.gov.au/files/bulletins/health\\_practitioners\\_disciplinary\\_penalties\\_database.pdf](https://www.sat.justice.wa.gov.au/files/bulletins/health_practitioners_disciplinary_penalties_database.pdf)

<sup>5</sup> Medical Board of Australia and William Henry Barnes [2013]- by consent:  
[https://www.sat.justice.wa.gov.au/files/bulletins/health\\_practitioners\\_disciplinary\\_penalties\\_database.pdf](https://www.sat.justice.wa.gov.au/files/bulletins/health_practitioners_disciplinary_penalties_database.pdf)

<sup>6</sup> <https://www.watoday.com.au/national/western-australia/radical-cancer-cure-blamed-for-patient-deaths-20101101-17a7v.html>

complementary therapies that are evidence-based in cancer care in supporting wellbeing and in managing side effects from treatment.<sup>7</sup> They are offered by CCWA through the LifeNow program in the form of supervised exercise classes, yoga and meditative classes (consisting of Mindfulness, Mindful Art and Tai Chi practices). These activities have been selected due to the evidence which indicates that they are a recommended part of cancer treatment and recovery.<sup>8,9</sup> CCWA and WACOG suggest that the Board's proposed definition be separated into two definitions to make the distinction between evidence based (complementary) and non-evidence based (unconventional) medicine and treatments. We suggest the following definitions:

- **Complementary therapies** include evidence-based therapies which may be used alongside conventional treatment, or during palliative care.
- **Unconventional medicine, alternative, unproven and emerging treatments** include any assessment, diagnostic technique or procedure, diagnosis, practice, medicine, therapy or treatment that is not usually considered to be part of conventional medicine, whether used in addition to, or instead of, conventional medicine. This includes unconventional use of approved medical devices and therapies.

Non evidence-based medicines, diagnostic techniques and treatments where the safety and efficacy are not known may expose the cancer patient to potential harm or cause delays in seeking conventional evidence-based treatments.

The term "emerging treatments" poses a potential problem as it is unlikely that any emerging treatments and medicines will have a strong evidence base. This casts doubt on their safety and efficacy and increases the potential of harm to the cancer patient.

### **Safeguards**

CCCWA and WACOG would like to see specific safeguards built into the guidelines addressing conflicts of interest (pecuniary or otherwise), patient assessment, disclosure of use of complementary and unconventional medicine and emerging treatments, practitioner knowledge and skills, informed consent, treatment and advertising.

We are particularly concerned to ensure that there are adequate safeguards built into the guidelines which protect cancer patients from practitioners who may have a pecuniary interest in the complementary and unconventional medicine and emerging treatments that they are recommending or administering. We acknowledge that the Health Practitioner Regulation National Law definition of professional misconduct includes *"referring a person to, or recommending that a person use or consult, another health service provider, health service or health product if the practitioner has a pecuniary interest in giving that referral; or recommendation, unless the practitioner discloses the*

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<sup>7</sup> Cancer Council Australia, Position statement – Complementary and alternative therapies, [wiki.cancer.org.au/policy/Position\\_statement\\_-\\_Complementary\\_and\\_alternative\\_therapies](http://wiki.cancer.org.au/policy/Position_statement_-_Complementary_and_alternative_therapies), 2019.

<sup>8</sup> H Greenlee et al., "Clinical practice guidelines on the evidence-based use of integrative therapies during and after breast cancer treatment", *CA: A Cancer Journal for Clinicians*, vol. 67, no. 3, 2017, pp. 194–232.

<sup>9</sup> GE Deng et al., "Complementary therapies and integrative medicine in lung cancer: Diagnosis and management of lung cancer, 3rd ed: American College of Chest Physicians evidence-based clinical practice guidelines", *Chest*, vol. 143, suppl. 5, 2013, pp. e420S–e436S.

*nature of that interest to the person before or at the time of giving the referral or recommendation,"<sup>10</sup>* however we are concerned that this definition does not cover all instances where the practitioner may have a pecuniary interest, particularly when administering the medicine or therapy themselves, and that this type of pecuniary interest should be specifically set out in the guidelines for medical practitioners who provide complementary and unconventional medicine and emerging treatments.

## **Conclusion**

CCWA and WACOG acknowledge that some complementary and unconventional therapies are popular among cancer patients, and support the right of individuals to seek information about complementary and alternative therapies, respecting their decision to use them, provided they are not at risk of being harmed. CCWA and WACOG would encourage people with cancer who are considering using non-conventional therapies to make an informed choice. This includes asking questions about the efficacy, risks, contraindications and cost of the therapy, and the qualifications of the practitioner.

We thank the Medical Board of Australia for facilitating community discussion and for the opportunity to provide comment on this matter.

Yours sincerely



Ashley Reid  
Chief Executive Officer  
Cancer Council Western Australia



Melissa Ledger  
Director, Cancer Prevention and Research  
Cancer Council Western Australia  
*on behalf of*  
the Western Australian Clinical Oncology Group

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<sup>10</sup> Health Practitioner Regulation National Law Act 2009, as in force in each State and Territory. Available at: <https://www.ahpra.gov.au/about-ahpra/what-we-do/legislation.aspx>