

To Medical Board of Australia.

I am writing to respond to the public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments, as a stakeholder in the complementary medicine industry, a researcher in stem cell science and as a patient. Whilst I agree with the proposal to protect patients by making sure medical practitioners are trained in the area they are practising and communicating the treatment on the basis of evidence and risk, I am very concerned that that these draft guidelines misrepresents the practice of complementary medicine in Australia.

It would not be unreasonable to suggest these additional guidelines would not lead to any further protect patients, especially when the largest risk to patients are what the MBA document deems as “conventional” medicine, with major poisoning events coming from pharmaceuticals¹. Where adverse events are poorly reported for clinical trials², women under represented in clinical trials^{3,4}, the over use of opioid pain killers⁵, or pharmacological intervention has no difference to phycological intervention in panic disorder⁶, exposing the patients to further risks as its deemed “conventional” and dose not warrant further investigation and regulation by the MBA in these draft guidelines. While therapies that involve vitamin, minerals and herbal supplements along with other integrative and complementary therapies further enhance “traditional” treatments⁷. It is alarming that that the submission deemed the plethora of evidence available for vitamins and supplements out of scope to the recommendations made, in direct conflict with the evidence-based claims that the Therapeutic Goods Administration (TGA) provides a framework for.

Complementary or integrative medicine is a speciality in medicine that uses best of the current medical treatment available to treat the patient as individual and holistic manner, including diet, lifestyle, nutritional and herbal supplementation that have scientific and clinical evidence to support its use. Lumping complementary medicine that already regulated by the TGA as listed with procedures and treatments that are not regulated and are still at experimental stages gives a great disservice these already regulated treatments has no logical or scientific basis.

I fear that this proposed two system of guidelines will cause marginalisation of medical practitioners to not seek training in integrated medicine, an area which patients are seeking more guidance and treatment from. This proposed regulation is unnecessary as there is already guidelines from the MBA code of conduct and good practices; these already cover that a practitioner needs to be trained in the field that they are practicing in and provide patients with the efficacy and risks of the treatment. Having two sets of guidelines goes against COAG Principles of best practice regulations and is discriminatory to doctors that practice integrated medicine.

Emerging treatments that are still in clinical trial and research stages treatment is obviously higher risk as it is not approved by the current health regulator. However, this area is important to for innovation and further advancement of medicine. This requires the risk to be clearly stated to the patients by the practitioner and to follow best practice in clinical research such as the NHMRC or the ISSCR

guideline. (<http://www.isscr.org/docs/default-source/all-isscr-guidelines/guidelines-2016/isscr-guidelines-for-stem-cell-research-and-clinical-translationd67119731dff6ddb37cff0000940c19.pdf?sfvrsn=4>) I believe that further regulation of the practice of cellular therapies is warranted. However, this is an issue for the TGA and not the MBAs, the current code of practice already provides the required guidelines for practitioners to provide adequate protections of patients.

Practice of unconventional medicine that falls outside of scientific evidence needs to be treated in a different manner entirely. Therefore, complementary, emerging and unconventional medicine definitions are completely distinct and need to be treated as such. Complementary medicine practices using vitamins, herbs and minerals are all covered in the current code of conduct and TGA regulations, which is why I support the status quo of option 1.

In addition, there is no clear definition of what conventional medicine is, as it results from differential diagnoses, multifactorial aetiologies and psychosocial contexts, not just a single process off a single diagnosis that results in drugs, radiation or surgery. There is no scientific basis or justification of what conventional medicines are in the proposal.

By further marginalising integrative medicine practitioners by the nature of these proposed guidelines, the MBA will drive doctors away from pursuing further education in this field and openly practising complementary medicines and put the patient at further risk. A doctor who has not studied and practiced integrative medicine may dismiss the patient's enquiries with complete ignorance of the scientific evidence of complementary medicines. Patients then may not discuss their use of complementary medicines openly due to the lack of understanding and knowledge from their doctor. This will result in further risk to the patients such as not reporting the use of vitamin and herbal supplements that have potential side effects and drug nutrient interactions to their doctor.

Complementary and integrative medicine is one of the fastest growing areas in medicine, with more patients seeking these treatments to avoid surgery, reduce dependencies on medications and looking at prevention rather than treatment of disease. I believe these guidelines underestimate the knowledge of patients that seek out the complementary medicine treatments and are making informed decisions with their practitioner.

Not enough time during a medical degree is dedicated to complementary medicine. However, this is a great disservice to doctors and their patients, as the doctors are lagging behind in their training in the area of complementary and integrative medicine is the real issue at play, not the regulation of the practice.

Regards

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