



Australian Skeptics Inc.

June 29, 2019

Medical Board of Australia
GPO Box 9958
Melbourne VIC 3001

Re: Public consultation on complementary and unconventional medicine and emerging treatments

Submission from Australian Skeptics Inc

We write in response to the invitation for submissions to the Medical Board of Australia's public consultation on complementary and unconventional medicine and emerging treatments

Summary:

We generally agree with the draft proposal option #2.

However, the following are areas of concern to us:

- We believe the definition of "Complementary and unconventional medicine and emerging treatments" is vague, potentially misleading, and ignores the key issue of evidence of efficacy and validity of underlying principles of relevant modalities. Our preferred wording would include reference to unproven medical treatments and read: "So-called 'complementary' and 'alternative' medicine and treatments include any assessment, diagnostic technique or procedure, diagnosis, practice, medicine, therapy, treatment or device that is unproven or disproven, and is not usually considered to be part of medical best-practice, whether used in addition to, or instead of, such practice."
- We believe that the public are entitled to the provision of information in lay language on those modalities that are lacking in prior scientific plausibility, lacking in evidence of efficacy, or are unproven or disproven. Where claims are made regarding such modalities, information should be produced and reviewed by an independent body of experts.

Background:

Australian Skeptics (AS) is a loose confederation of groups across Australia that investigate pseudoscientific and paranormal claims from a responsible scientific viewpoint. These groups are made up of many thousands of formal and informal supporters of this scientific approach. AS was founded in 1980 and is the oldest independent skeptical body in the world. Over the years, in an effort to protect consumers from harm, various Skeptics groups and individuals have put much effort into the understanding of so-called complementary and alternative medicine. The body of knowledge gathered in this period is relevant to the current review.

Scientific investigations of pseudoscientific and paranormal claims

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Discussion:

The MBA's proposed definition of the modalities under discussion is:

“Complementary and unconventional medicine 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.”

We have serious semantic issues with a number of terms used in this definition. Our concerns relate to the philosophical and scientific understanding of medicine. Additionally, the grouping of these three categories is problematic due to the fact there are quite distinct ethical and scientific implications between, for example, a doctor who is prescribing off-label with a reasonable evidence base as opposed to a doctor who is advocating against vaccination or offering a patient homeopathy. We wish to highlight the importance of making these distinctions clear so as to ensure the public have a better understanding of accepted practice.

We would like to address the use of the terms “conventional” and “unconventional” in relation to “medicine”. By definition, medicine comprises practices which are scientifically plausible, have demonstrated efficacy and are based on valid empirical principles. The term “unconventional” does not adequately communicate the lack of scientific plausibility, lack of evidence of efficacy or degree of risk that such practices may entail. Use of the term “unconventional” might also imply “cutting edge” or “not hampered by traditional thinking”, which would be seen as a positive endorsement by those with a predisposition to mistrust “established” science and medicine, and especially “establishment” practitioners. Reference is made to homeopathy, naturopathy, energy medicines and reiki. These are modalities that rely on unscientific concepts including energies and spirits within the human body. The proposed definition would include them in the cohort of “unconventional” medicine, but these concepts are totally unscientific, with some verging on the paranormal. They should not be considered as any form of medicine, whatever the term. The concept of “alternative” medicine is meaningless – if a method of diagnosis or treatment fails the test of prior plausibility, has been disproven or not been proven to offer a reasonable expectation of benefit, then it is not medicine, alternative or otherwise. There is either medicine or non-medicine, proven or not proven (or disproven). We would therefore advise against the terms “unconventional” or “conventional”.

The use of the term “complementary” suggests a concept of two different modalities working in harmony to achieve the same goal. However, the use of the term is actually misguided, as there is rarely (if ever) a case of two modalities, one proven and one not, working together – they may be used simultaneously, side-by-side, but they act individually and they do not “complement” each other. The reality is that disproven or unproven “complementary” modalities are given an unwarranted imprimatur by being associated with proven modalities. To be blunt, “complementary medicine” could easily be seen as being exploitative.

The discussion paper refers to “integrative” practices, which can be legitimately used when more than one modality is used in a particular medical practice. However, the term is increasingly a red flag for the integration of pseudoscientific practices alongside science-based medicine. The term is thus misleading and, again, gives unproven/disproven modalities the imprimatur of medicine that is underpinned by a sound scientific base.

The terms “conventional/unconventional”, “complementary” and “integrative” can be easily misunderstood by patients to imply efficacy and validity, especially when used in association with “medicine”. We would advise against their use.

Our preferred term and accompanying definition would be “So-called ‘complementary’ and ‘alternative’ medicine and treatments include any assessment, diagnostic technique or procedure, diagnosis, practice, medicine, therapy, treatment or device that lacks prior plausibility, is unproven or disproven, and is not usually considered to be part of medical best-practice, whether used in addition to, or instead of, such practice.”

Additional specific concern - Option 2 – provision of information:

While we generally agree with Option 2 as outlined in the draft guidelines, we would suggest that Item 1.4 of Section 1 (“Discussion with patients”) and Section 4 (“Informed consent”) should ensure that the provision of information on so-called complementary and alternative/unconventional modalities be made a mandatory part of any treatment or discussion between a practitioner and a patient, i.e. not “where relevant”. Such information should make clear that such modalities are unproven or disproven, that their efficacy and validity are questionable, at least, if not valueless and potentially dangerous. Such information should be given in written and/or digital format, and the contents should be produced, or at least assessed and reviewed, by independent experts to ensure that statements made within them are not exaggerated, over-hyped or that negative aspects are downplayed or ignored. Additionally, information should be communicated in language that the public can understand, recognising that general and health literacy levels are low¹ and the lay public are at risk of being misinformed by confusing jargon and unclear terminology.

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We thank you for this opportunity to respond to the consultation.

Sincerely,

A black rectangular box redacting the signature of Tim Mendham.

Tim Mendham
Executive Officer
Australian Skeptics Inc

¹ AUSTRALIAN BUREAU OF STATISTICS 2008. Health Literacy Australia 2006, Cat. No.4233.0. Canberra: ABS.