
From: [REDACTED]
Sent: Wednesday, 26 June 2019 3:27 PM
To: medboardconsultation
Subject: Complimentary medicine

Please leave rules as they are in option one. Not all complimentary medicines are the same. Some are scientifically based and have proven results by educated practitioners with qualifications.

How to make a submission to the MEDICAL BOARD of AUSTRALIA

Individually written letters carry far more weight than a copied format. We thus ask you to write your own submission and to:

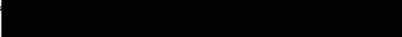
Email it to medboardconsultation@ahpra.gov.au

Or mail it to The Executive Officer
Medical
AHPRA
GPO Box 9958
Melbourne 3001

NB Send as soon as possible. Submissions are due to close on the 30th of June 2019

We suggest that in your submission you should:

- 1 State your name and age and state of residency
- 2 Make known your interest and concern and preferred outcome. Issues that you may specifically wish to mention could include:
 - a. That you have used Complementary or Unconventional or Emerging Medicine and that you value its availability and are happy with its practice.
 - b. That your Doctor already provides discussion about options for treatment and their relative merits and potential problems.
 - c. That you value free choice in making your decisions over your medical treatment.
 - d. That your preferred choice of outcomes is:
 - i. Option 1, retain the status quo
 - ii. That if the Medical Board eventually decides to choose Option 2, for greater regulation, that it be modified from the current proposal, to ensure
 1. That it applies to ALL medical practitioners with the same onus of exhaustive exposition of all treatment options, research etc, and
 2. That the Board accept that Integrative Medicine, utilising Complementary or Unconventional or Emerging Medicine as well as conventional medicine, be recognised as a Speciality, in order to allow increased Medicare rebates to help cover the increased costs of fulfilling the new regulations.
- 3 Please do not state the name of your own Integrative Medical Practitioner

Signed by 

Dated 30/05/2019

From: [REDACTED]
Sent: Sunday, 30 June 2019 7:07 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

I choose Option 1: "no new regulations required for doctors practicing in the areas of complementary and integrative medicine."

My family has been harmed by conventional medical treatment, as our bodies do not respond to conventional pharmaceutical options in typical or expected ways. Conventional medicine only works for conventional illnesses. If you have an uncommon, poorly understood, or underfunded health condition (which tend to run in families, making the whole family more medically vulnerable), you need medical professionals who can explore other options. The side effects of conventional treatments have been harmful and extremely life-limiting. The delayed diagnosis and misdiagnosis my family members and I have suffered in the conventional medicine system has been extremely damaging. Slipping through the cracks in conventional medicine has destroyed lives and careers, and has led to two generations of entirely avoidable poverty due to misdiagnosed (and unnecessarily mismanaged) health conditions. I have required non-drug or orphan-drug approaches to manage my health and chronic illness. Conventional medicine failed me because I am not conveniently located in the middle of any medical bell curve, and it left me with fluctuating levels of disability, unable to manage any consistent work or social participation for 26 years. My body cannot tolerate typical treatments, so other options are required, requiring a full history and the kind of care that is not available in short, 10-minute consultations with cookie-cutter diagnostic and treatment options. Despite a lifetime of chronic pain, I have never used opioids because I have had other alternatives made available to me. In a medical world that is supposedly trying to reduce prescription opioid use, it seems ridiculous to attack the doctors that are providing viable alternatives. Complementary and integrative medicine enabled me to maintain enough function to raise my son despite debilitating symptoms. Without complementary and integrative medicine, I would have needed to live in a residential care facility for the last 15 years. More recently, complementary and integrative medicine led to reductions in my chronic inflammation, pain, fatigue, and other life-limiting symptoms, so I have actually been able to get the symptoms down to a manageable level and be able to return to study. My genetic health conditions require multidisciplinary care and non-drug therapies that are simply not available through the conventional system. These are required for me and my family members. Conventional medicine failed to even diagnose my grandmother, and just let her suffer and called her a "medical mystery" for 60+ years. A month after her death, I was only able to get a diagnosis (the same diagnosis that would have also applied to her) and a preventative chronic disease management plan in place because I had access to doctors who were able to think, test, diagnose, and treat outside the box. This applies to the rest of my living family members, and we all need access to doctors who are able to treat the ends of the bell curve, not just the people who make up the convenient middle. I have required a professionally-supported combination of pharmaceutical and non-pharmaceutical intervention, an understanding of how multiple systems and treatments interact, as well as a lot of structured allied health and self-management, to be able to maintain basic function and gradually improve my quality of life. This has only been possible thanks to complementary and integrative medicine. To eliminate them would be unsafe and harmful to the millions of patients who currently slip through the cracks of the conventional system.

Questions for consideration

The Board is inviting feedback on the issues and options outlined in the discussion paper.

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?

I do not agree with these terms. It is not clear what is meant by unconventional medicine. Practice can vary widely between practitioners in many fields. Medicines are routinely prescribed off label. Complex cases may be approached quite differently by different doctors, yet we would not necessarily deem one ‘conventional’ and the other not. Treatments available in urban areas are not always available in rural and remote areas, making ‘conventional’ practice contextual. Does ‘emerging’ therapies include pharmaceuticals that are in trials that are then released onto the market? It seems what is meant by ‘emerging’ therapies is therapies without adequate evidence to support them. Yet many randomised controlled trials will never be done because there is no prospect for profits - eg. Comparing people’s exercise patterns, meditation practices, food choices. The term ‘emerging’ suggests to me interventions that are in the process of being studied. This is clearly flawed.

2. **Do you agree with the proposed definition of complementary and unconventional medicine and emerging treatments – ‘any assessment, diagnostic technique or procedure, diagnosis, practice,⁴ 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?

By this definition, no advances would ever be made in Medicine, because they are not yet part of conventional medicine. More recent advances such as novel oral anticoagulants, various immunotherapies, use of antipsychotics to address sleep and depression, cure for hepatitis C.... The proposed definition inherently engenders an impression of adhering to the status quo, even if newer, better therapies/diagnostic techniques/procedures etc become available. This seems a dangerous and backward approach in an ever-changing field of science.

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’?**

An ad-hoc set of concerns are outlined with a focus on certain topics including Lyme disease, hormone prescription, stem cell therapy, financial impact. The section which follows on Adverse Events clearly states there little data on adverse events and outlines a single case. The ‘complaints’ list is presented as evidence but no data is included on the number of patients who are making these complaints. The list of issues described is also not unique to ‘complementary medicines.’ eg. Prescribing drugs without detailed discussion of side effects is common practice, prescribing medications when they come onto the market before data is available on long-term effects, unconventional off-label prescribing (eg. broader prescription of mood stabilisers, continuing HRT to prevent osteoporosis, quetiapine for insomnia), variable skill and training levels (consider hospital

medical officers vs specialists), offering expensive therapies (consider some cancer treatments, cosmetic surgery, some antenatal testing). To present these issues as solely applying to alternative medicine practitioners is misleading and fraught.

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?

The Board has not identified the positive health benefits that many patients have found from accessing doctors who offer complementary health modalities. Many of these patients are 'at their wits end' with regular Western Medicine after seeing many specialists and failing to find assistance with their health troubles, which led them to look to alternative/Integrative practitioners in the first place. I am concerned that the position put forward by the Board will serve to further alienate patients who have not had their problems solved by regular Medicine. The danger of this is that patients feel they must choose between one camp or another, rather than accessing health care that is right for them. Given the data on the large and growing number of people accessing 'non-conventional' health products or services (both over-the-counter and through practitioners), by negating the value of many Integrative practices (eg, longer appointment times, addressing nutritional and environmental factors, offering therapies that are evidence-based despite not being commonly offered) the Medical Board of Australia stands to distance themselves from people who have been dissatisfied with the care they have received through Western Medicine, and creating a dichotomy in this way is dangerous for patient outcomes.

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

Safeguards are needed for patients when accessing any health care whether conventional or otherwise. No particular safeguard is articulated or recommended in the Board's document. To my mind the most powerful safeguard is information, and it is the responsibility of all practitioners to empower their patients to make a choice based on informed consent, in line with the medical ethics of Benevolence and Autonomy.

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

The MBA's paper confuses rather than clarifies the issues and the data presented is scarcely validated and sparingly referenced. If the Board would like to address its poorly defined concerns about complementary practice, I believe a better way to approach this would be to enter into discussions with organisations including ACNEM and AIMA which may provide an opportunity to openly address any concerns in an intelligent and safe way without distancing both doctors and patients through new polarising and ill-considered guidelines.

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?**

Yes, the current regulation is adequate (option 1). Based on the information presented by the MBA, there is insufficient evidence that current guidelines are inadequate.

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

No they would not, as many of the issues mentioned are poorly evidenced or are inherent to all of medical practice. Option 2 would serve to further divide patients and doctors at a time when collaboration and attempts to reap the benefits from multiple approaches to health is essential. Anything to the contrary constitutes a disservice to the complex and varied patient population.

From: [REDACTED]
Sent: Monday, 8 April 2019 8:51 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

Hi team,

I would just like to take the opportunity to share my views on the benefits of alternate/traditional medicine and healing techniques.

From my side it would be a real shame if these forms of healing are to be discontinued. There is great benefit in using these forms of healing, especially because they have shown to work and evolved over hundreds of years. Furthermore I feel Western medicine supporters are largely in support of reactive drug use and don't always see the value in pro-active healing i.e. diet and lifestyle. Basically the old cliches of 'you are what you eat' and 'there is no money in proactive healing' do hold merit.

We also can't ignore the placebo effect of alternate healing. If an individual truly believes they will recover (based on spiritual/religious belief) then their likelihood of improvement naturally increases.

Thanks for providing the platform to share my thoughts.

Regards,

[REDACTED]

From: [REDACTED]
Sent: Saturday, 29 June 2019 10:53 PM
To: medboardconsultation
Subject: CONSULTATION ON COMPLEMENTARY AND UNCONVENTIONAL MEDICINE AND EMERGING TREATMENTS

To whom this concerns at the MBA,

I do not give consent and PLEASE DO NOT introduce new legislation concerning consultation on complementary and unconventional medicine and emerging treatments.

The public expect and demand the freedom to choose their own Doctors.

As a person that spent wasted years and money seeing Conventional Medical doctors and getting nowhere and watching the decline of my health.

I discovered Integrated Medical doctors that have successfully treated me, as an EHS patient (wif sensitive)

What you are proposing is absolutely barbaric and should not be introduced considering the increase of EMR at such an alarming rate.

It has increased at a Quintillion times in the last 10 years. That's 1000000000000000000

I beg you not to do this.

I see kids at school with EHS symptoms. Kids absorb so much more radiation than adults.

This is a crime if you do this.

Please listen to the public,

Thank you for time and if you have kids, grandkids, please do this for them. Please do this for future generations.

Kind regards

A concerned EHS parent with a EHS 8 year old xx

please watch this trailer before you make your decision

many thanks

<https://www.youtube.com/watch?v=h7R4gKs8Vil>

Submission to Medical Board of Australia “Public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments”

Recommendation: The MBA should adopt Option 1: 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.

Rationale:

After many years of declining health, to the point where I had become bed-ridden, last year I was diagnosed with several tick-borne illnesses and other chronic infections by a “Lyme-literate doctor”. For the last year I have been treated with long-term use of antibiotics, vitamin, mineral and herbal supplements. Over the course of this year, my health has been slowly but steadily improving. This has transformed my life, but I am not yet ‘cured’ because of the challenging long-term nature of treating chronic tick-borne illnesses. If the MBA adopt their Option 2 and force my doctor to cease treatment, then I would again become seriously ill and likely be unable to work and have any semblance of a normal life.

As a scientist I find the MBA’s stance of denying that Lyme disease occurs in Australia to be absurd. To quote a well worn phrase: “absence of evidence is not evidence of absence”. The fact that a species of *Borrelia* has been detected in echidna ticks (Loh et al 2016, *Parasites & Vectors* 9:339) is evidence that at least one strain of the bacteria occurs in Australia, and plausibly numerous native animals could be host to related parasites. Perhaps they are rare, but this does not mean they are not present in Australia. Although I could conceivably have contracted my three tick-borne illnesses (*Borrelia*, *Bartonella* and *Babesia*) overseas (where I have no recollection of being bitten by ticks), I am fairly certain that they were the result of a tick bite in Australia. Before I became ill, my work as a biologist meant that I spent a lot of time in the forest where I occasionally received tick bites. Over the years I would have been bitten by dozens of ticks, but I usually located and removed them the evening after fieldwork. One particular tick attached within the folds of skin on my ear and was there for several days before I found it. I ended up very unwell, and my general practitioner prescribed a general purpose antibiotic. Whilst I cannot be certain, I think that tick is the cause of my chronic illness. Because the Australian medical establishment is in denial about Lyme and other tick-borne diseases in Australia, I was not tested and treated with the appropriate medications to eliminate the parasites.

Over the years I have seen so many doctors that I’ve lost count. I’ve had numerous pathology tests which were not revealing. Some doctors were up front about the fact that they couldn’t diagnose and treat me, while others suggested various alternatives that were not successful. Some appeared keen to put it down to anxiety or depression (which it was not). Tick-borne illnesses are often associated with digestive problems. I spent years trying to address these problems with guidance by a gastroenterologist, and was on long-term medicines which I eventually realized were not helping. A low-FODMAP diet eased the irritable bowel

syndrome symptoms, so it was perplexing that over the years my health continued to decline. A year and a half ago I was diagnosed with myalgic encephalomyelitis, which didn't help at all as there is no effective treatment.

I had asked numerous doctors over the years whether my chronic illness could have resulted from tick bites, and they all followed the official line of saying that this could not be the case. It was only by chance that I heard about a tick-literate doctor who practices inter-state and arranged an appointment that led to testing, diagnosis and treatment. The official stance that chronic tick-borne illness doesn't occur in Australia, and that the testing bodies (e.g. German labs) are not approved means that there are countless Australians that are so ill they cannot get out of bed. Many of these, like me, are ex-foresters and ex-rangers whose work has put them at high risk of supposedly non-existent diseases.

In my opinion both as a scientist and as a patient, the MBA is taking an excessively conservative stance against recognition and treatment of tick-borne illnesses. There is published literature in legitimate journals to support the treatment protocols applied by my doctor (long-term use of several antibiotics, herbs, vitamin and mineral supplements). There are numerous Australian patients, many of whom have not left Australian shores, who have been successfully treated once their illnesses were diagnosed by one of the very rare doctors with expertise in this area. The sad thing is, by denying ill people treatment, we are far more likely to seek out the kinds of quack alternative therapies that do deserve stamping out. If qualified medical professionals consistently fail patients, then it is no wonder they visit kinesiologists, iridologists and their ilk.

From: [REDACTED]
Sent: Thursday, 27 June 2019 10:44 AM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments

I would like to make a submission on the benefits of complimentary and unconventional medical practice.

I have been with my current holistic practice since 2002. Prior to that I had suffered ten years of acute discomfort and chronic pain that doctors and specialists in several different disciplines had been unable to alleviate with all the conventional medical skills that they could throw at the problem. I finally found relief at the holistic practice that I now attend. It was a simple matter of balancing minerals and hormones that had not occurred to any of the more conventional practitioners who, although very kind and worthy people, were only able to work within the bounds of conventional medicine and were too busy to think outside the square and the prescription pad.

I and my husband have seen several of the doctors at the holistic medical surgery and they all use both conventional and complimentary solutions to problems and spend time finding ways to help and prevent medical issues. I am now in my 70s with all the usual problems that getting older entail. I work with my doctor and the practice nurses to stay as fit as possible as I am also carer for my husband who has cancer. We also see an oncologist and any other specialists needed and feel that the combination of both types of medicine work best for us. I hope that this symbiotic relationship will be able to continue.

I understand that there are two options to be considered. Having read the presentation I choose option 1.

In the event that any of this is made public, I would prefer it to be anonymous.

Thank you,
[REDACTED]

April 4, 2019

The Executive Officer
Medical
AHPRA
GPO Box 9958
MELBOURNE VIC 3001

Dear Sir/Madam

Re: Public Consultation Paper: Guidelines for registered medical practitioners –
Complementary and Unconventional Medicine and Emerging treatments.

I am a 67-year-old single woman who has suffered Chronic Fatigue Syndrome (CFS) for almost 21 years, which developed suddenly during the onset of glandular fever. I was previously an extraordinarily fit and active person working very full time (long hours), when my energy levels took an 80% nose dive from which I have never fully recovered. My ability to work was severely curtailed, the illness affecting me both physically and mentally. My concentration levels during that time have been poor to say the least.

My initial contact with an Integrative Medical Practitioner was 17 years ago. He diagnosed a separate, additional issue also affecting my energy levels i.e. adrenal exhaustion, for which I was prescribed bio-identical hormone replacement issued by a compounding pharmacist. Pathology testing at the time revealed negligible levels of the hormones (barely existent) – I was just 50 years of age. I continue with this medication even now which is monitored with regular blood tests. This issue had never been diagnosed or addressed by previous medical practitioners.

In the last 12 months I feel fortunate to have consulted another Integrative Practitioner with a special interest in CFS. He has also helped to address some digestive/gut issues and food intolerances after extensive pathology testing. More recently (5 months ago) in consultation with this same practitioner I chose to undertake Intravenous (IV) vitamin therapy and antiviral treatment to assist with addressing CFS, again after extensive pathology testing. Within 6 weeks of weekly infusions my concentration and energy levels showed signs of improvement. I have just now extended this to fortnightly infusions, with the intention to gradually reduce treatments.

Although I do not expect a cure after 21 years of living with this illness, I am very happy to have received the help I have from the availability of Complementary and Integrative Medicine.

Issues of most importance to me are:

- Being an intelligent and independent woman, I value having the choice to make my own decisions, especially regarding my health. Both Integrative Practitioners have readily discussed treatment options, also providing literature on these as well as reference materials and websites for me to investigate in my own time. The choice to participate or not, has been entirely mine. I am cautious and have only engaged in treatment options I have developed an understanding of and feel comfortable with.
- Regarding the possibility of Complementary Medicine resulting in delayed access to more effective treatment options the opposite has been true for me. My access to effective treatment was delayed for 20 years due to a lack of knowledge, concerning my condition and treatment options, on behalf of Conventional Medicine.
- With regard to assessment and pathology testing in non-accredited testing laboratories (including those tests performed outside of Australia) not considered part of Conventional Medicine, surely this reflects something of an inadequacy of Pathology testing in Australia. I have learned far more about the digestive issues and the mechanisms of how CFS has affected my body, especially immunologically, as a result of testing, both outside of Australia and tests performed here that are not covered by Medicare.
- Lyme disease and other tick-related illnesses— although I am not personally affected by these, I meet others regularly in the treatment room who are, and some debilitatingly so. Like myself they are relieved and grateful to acknowledge improvements in their symptoms. Lyme disease EXISTS in Australia. It is REAL. It is contracted here – to suggest otherwise is to be in complete denial.
- Funding of research into these chronic illnesses such as CFS and Lyme disease is desperately needed. My situation is not unusual. Many people with CFS have lived with it for 20 years or more. Some haven't survived.
- I am also concerned that fulfilling any new regulations may result in increased costs of these services. Although I continued to work part-time until the end of last year I am now on a full pension.

In light of the above concerns my preferred choice is:

i) Option 1, to retain the status quo, or

ii) if the Medical Board eventually decides on Option 2, I concede that the modifications should apply to ALL medical practitioners and that utilisation of Complementary or Integrative Medicine in addition to Conventional Medicine be recognised as an area of Speciality, allowing increased Medicare rebates to cover any additional costs to patients. There are simply no registered Specialists with the knowledge or expertise to deal with these above-mentioned chronic illnesses.

In conclusion it is my view that Complementary Medicine is just that – it complements conventional medicine and does not take away from it. Likewise, Integrative Medicine is to add something of value that is currently missing, albeit the inclusion of therapies considered alternative. Having followed up on the information and reference materials provided by the Integrative Practitioner, I feel hugely relieved to have gained greater knowledge of how CFS affects the body's energy systems, particularly at a cellular level, and therefore, how and why the IV therapy is of benefit. To encourage and promote studies and research in Complementary and Integrative Medicine as an area of Speciality would surely be beneficial. I only wish I'd been able to access this information and treatment much earlier.

Although I respect the honesty of my previous General Practitioner, and the General Specialist who diagnosed CFS almost 21 years ago, sadly Conventional Medicine alone has completely failed me. Both women openly and honestly advised they were unable to help me with treatment options. I don't respect the Specialist who advised me that in 6 months' time, with a positive attitude, I would feel better. That advice cost me \$200 plus pathology tests, much frustration and later, tears. 20 years on I finally have some help.

Thank you for considering my submission.

Yours sincerely

[REDACTED]

From: [REDACTED]
Sent: Sunday, 12 May 2019 9:42 PM
To: medboardconsultation
Cc: [REDACTED]
Subject: Public consultation on complementary and unconventional medicine and emerging treatments

To the Medical Board of Australia,

The right to choose in relation to my medical care is something I value. It is important for me to be able to choose complementary and integrative treatments as part of my medical care if I wish. A single treatment is not suitable for every patient, and I believe that integrated healthcare, unconventional medicine and emerging treatments are important options that assist me to manage my health and wellbeing. I am concerned that the introduction of a new set of guidelines for doctors will compromise my ability to access the healthcare of my choice, by creating unnecessary additional bureaucracy. Adding a new set of regulations on top of the existing ones is likely to lead to confusion and, in my opinion, will not provide any further protection for patients.

I am seeking to make it known that, as a patient, I support **Option 1** – 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.

Please note: My submission is being made confidentially. I *DO NOT* give permission for my submission to be published on the AHPRA website with potentially identifying information in-tact including my name, email address, suburb or postal code. I give permission for my submission to be published as an anonymous submission from Queensland.

Kind regards,

[REDACTED]

Submission to MBA Consultation document on complementary and unconventional medicine and emerging treatments.

To the Medical Board of Australia

I am writing as I am extremely concerned about the targeting by ABA of Doctors utilising treatments to assist their patients to health that may be deemed by the ABA as unconventional and/or complimentary medical treatments.

I am a 44-year-old woman, from [REDACTED]. I have withheld my name and my Doctors name as I do not want targeting to occur. I have lived in [REDACTED] most of my life; as a child I have lived in Queensland, the Northern territory and have travelled overseas once, to Kuala Lumpur, London and Ireland. As a brief overview I started feeling very fatigued, headaches, aches and sometimes stiffness in my neck, enlarged glands, sore throats, falling asleep without even realising it and continuously coming down 'with colds, flus etc... and seen over several years various GP's, psychologists etc who just told me I was depressed and wanted me to go on antidepressant medication even after the small questionnaire I filled out indicated I did not have depression; but they did not know what was wrong with me. One GP ran some blood tests and came back saying I had in the past Ross River Virus and Glandular fever. I also had Pleurisy at one stage, which he commented he wished he had some medical students to show me to, as he hadn't heard anything as severe in many years. I was prescribed antibiotics. My health steadily declined, I had been quite healthy previously in my life, I had never attended a hospital for anything other than childbirth.

In July 2017, I had an extreme situation where I collapsed, could not move, speak and my breathing was very difficult. My daughter called an ambulance and after many tests the conclusion was a reactivation of the EBV virus, and I was discharged as this causing functional issues, relating to some stressors in my life. At the time I was photophobic, throbbing headaches, my right-hand side of my body particularly was very weak, I could barely walk, my speech was slurred, my neck was stiff and sore and other issues. I was discharged with the only recommendation to go to my GP. I went to my GP, they did not agree with the discharge outcome. I went to see a psychologist who I had been working with to help my son through a tough period in his life and who knew me well. Her reaction was similar and mentioned that I should look into the EBV re activation and go back to my GP. I did this, my GP at the time said she didn't know what was wrong, she thought perhaps Multiple Sclerosis and sent me for a second Neurological opinion (taking months to get an appointment). The neurologist's conclusion after one consult and from the scans etc was that it was not neurological but could be ME/CFS or PVFS. I then went to an apparent specialist Functional Neurologist who just said you'll be fine in 6 months (this was approx. November 2017) and offered no further help or treatment except to see a psychiatrist. I saw a Psychiatrist as I just wanted to get well, I was willing to do whatever it took. The outcome was no underlying Psychological issues. I went back to my GP and she still had no idea. I could not walk hardily, barely speak, or function in many ways.

My cognitive function has been severely affected, even writing this I have to have help and am becoming quite exhausted, previous to this I was studying part time at university level, doing a Bachelor of Communications majoring in Public relations and Environmental Science; with my grades tending to be Distinction to HD and I now cannot finish my course, I had two units to go. I was home-schooling my two children and had previously assisted my husband with his business, and also working part time for [REDACTED] [REDACTED]. So, all in all active and functional, I enjoyed camping, growing my own vegies as well as other interests and hobbies.

I found an Integrative GP who specialised in ME/CFS and made an appointment, it took months to get in. As soon as I walked in the door, he asked me what I thought was wrong and I said I really don't know but I'm not just staying like this and said could it be ME. He said outrightly in his opinion it was obviously neurological and said late stage Lyme disease. He took two hours with me, taking a full history, examination and ordered many tests to establish what was going on in my body.

After receiving the results and clinical testing etc he diagnosed me with late stage neurological Lyme disease including co infections of Bartonellosis, Babesiosis, Borrelia, very high EBV levels as well as several other viruses, parasites etc. Some tests were sent to Germany as the testing is not available in Australia but others

including the positive Bartonellosis testing was done in Australian labs and all of these labs are approved to Australian standards etc.

The Doctor advised me on diet changes (some of which I had already made myself) which helped immensely. He also utilised the forefront in research prescribing conventional and complimentary treatments such as antibiotics, anti malarials, anti fungals, anti virals and supplements to help boost my immune system from naturopathic preparations to Traditional Chinese medicine tonics. He gave me hope; but also explained it would be a long-term process and also many of the medications would be introduced at an incrementalised rate to reduce negative side effects as much as possible. He maintained a connection with me, having visits, usually in excess of an hour each time and continued blood tests to ensure my health. He is a very knowledgeable, professional doctor and takes his work very seriously and only prescribes medication, conventional to herbal etc with his vast knowledge and reputable research.

My health has improved immensely since being his patient. I am still not recovered, this will be a long-term process which I understand. I am still generally housebound but rarely have seizures, unless stressed or overloaded and can feel my health overall improving. I have had some hard days with my body battling the disease and taking the medications but if I have any real issue, I can make contact with him and his general advice is usually to back off a medication etc and then start it off at a lower dose etc. My mental health has improved dramatically because I feel that I am being taken seriously and have been treated very poorly by other so-called medical professionals, I have some hope now.

This has taken a huge toll on my family. I am now a single mother; my three children have been incredible; but too much of the burden of this has been placed on their shoulders as I have absolutely no support system except for this Doctor who is extremely busy. My eldest son has been paying for my medications as I cannot work and getting Sickness Exemption on Newstart Payment is barely enough to live on if at all. I had to move from our family home as I could no longer drive, and this has caused huge upheaval for my children and myself as I am now struggling even more financially. I would like to point out that my Dr usually charges more than a regular GP but when you consider that he spends up to two hours with a patient the cost is actually much lower. Even with this, he knows I am struggling and has bulk billed me on several occasions so that I can at least afford most of my medication as some is not covered by PBS.

The weight off my family's shoulders have been such a huge relief for me as they now feel I am under the care of a Doctor that is proactive and genuinely cares for the health and future outcome of me and his other patients. I now have hope and can feel myself slowly but surely recovering and I had none whatsoever prior.

I urge you to please consider the invaluable work these Integrative Doctors are doing, not only in my case but I know of many others who have and are in very similar situations. My Doctor is professional and the most thorough, caring and down to earth medical professional I have come across. He regularly travels internationally to conferences to keep on top of the latest research and findings, this is someone who is dedicated to their patients and above all their patients' health and recovery.

Kind regards

[REDACTED]

From: [REDACTED]
Sent: Tuesday, 26 February 2019 5:27 PM
To: medboardconsultation
Subject: Public consultation on clearer regulation of medical practitioners on complementary and unconventional medicine and emerging treatments

Dear MBA

I support option 2 - in particular a focus on financial gain/conflict of interest of the practitioner. If this financial gain is a primary driver of some unconventional practice it may be a useful tool for self regulation/self selection/harm minimisation rather than excessive regulation in general.

I would prefer to not have my name publicly published.

Regards,
[REDACTED]

From: [REDACTED]
Sent: Friday, 5 April 2019 8:27 AM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments'

I previously held the position of senior pharmacist at [REDACTED] where I worked for fifteen years of my career and strongly recommend that the board supports and implements option 2 - to tighten the regulation of the use of complementary and alternative medicines particularly in the context of other standard, proven treatments.

In my experience, many of the alternative treatments which vulnerable patients were researching held no clinical evidence for safety or use in combination with other treatments. In the field of oncology, this often involved life saving chemotherapy or other treatment modes such as radiotherapy.

As a pharmacist, I was always put in the position by the patient who wanted me to "prove" that they could use a vast array of complementary medicines in combination with chemotherapy which as we know, may result in multiple toxicities such as liver or renal impairment, or neutropenia. The presence of many complementary therapies complicated supportive care for the patient where undocumented reactions may be present or in fact no information on interactions or even how these compounds are processed and excreted by the body could be found from any source.

I found my time in the [REDACTED] the most frustrating - where patients would present with bags and bags of bottles - tablets , mixtures some of which the ingredients were not even listed in any logical or clear manner - and expect the pharmacist to approve the therapy in combination with standard treatments.

While not all the alternative medicine industry is like this, there are many cases where terminally ill patients are sold random mixtures of complementary therapies in an attempt to achieve "wellness" or even cure for cancers.

In a more clinical situation, I have witnessed patients experience unwanted toxicities from drug interactions - namely a patient taking Chlorophyll supplements whilst undergoing treatment with Methotrexate. This combination resulted in a toxic level of Methotrexate due to a suspected delayed renal clearance from the concomitant use of Chlorophyll supplements which the patient had obtained from his alternative medicine practitioner.

I feel that stricter regulation in particular with regards to labeling of products, the provision of evidence based claims only and a potential restriction on the availability of products may assist with the problems stated above.

Regards

[REDACTED]

(Please note I would prefer if my opinion were not published with my details available if this should occur)

[REDACTED]

[REDACTED]

To whom it may concern

I contracted psoriatic arthritis around 30 years ago and would like to submit my story in an attempt to give other Australians the benefit of my studies and actions to control it.

When the first inflammation came I sought medical assistance from GP's to understand what was happening to me. I was told by a stream of GP's that I had contracted gout which I found difficult to agree with given that I had been following a Pritikin diet for almost a year beforehand. Thus, I persevered with other GP's until I found an opinion that was more believable, I had contracted some form of arthritis. This GP arranged for me to see a rheumatologist to seek treatment.

I then saw a Melbourne based rheumatologist who explained the treatment that she was going to follow and the changes in treatment as the disease developed more. All of the treatments were drug related culminating in injections of gold into my bloodstream. There seemed no chance of the arthritis getting any better or less severe. She put me on a course of anti-inflammatory drugs starting with Feldene and indocid. She also advised that I would most likely be in a wheelchair within 6 years.

After being on this treatment for around 3 years I developed a duodenal ulcer from the drugs which was diagnosed by a rheumatologist in Sydney. His advice was to forgo the anti-inflammatory treatment for at least 6 months in order for my stomach to recover from the ulcer. No other treatment was recommended as there no other treatments that would be recommended with a stomach ulcer.

It was at this stage that I felt that my only course of action was to find out as much as I could about my condition and treat myself. Thus, I went on an information gathering exercise at libraries and bookshops (this was before the internet was available) and found that many other sufferers had ended up in similar circumstances and were treating themselves predominantly with dietary changes.

I then put myself on an elimination diet where I cut back on the food types that I was eating and gradually re-introduced them to see what foods were flaring up the arthritis. This I found very successful in reducing the inflammation and minimising flare-ups. This I continued for the next 12 years.

I kept learning as much as I could over these years until I found a book called "The Road Back" written in conjunction with a US based rheumatologist, Dr. McPherson-Brown. This suggested a new type of treatment that treated the disease rather than the symptoms, which all of the other medical treatments did at this time. It was using the tetracycline antibiotics in small doses to slowly control the disease. This treatment had very little side effect, the worst of which was mild constipation. The most difficult part was to obtain the antibiotics as they were prescription medicines and against AMA recommendations to GP's. Buying them over the internet seemed like a dangerous practise so I went in search of a doctor to advise me and prescribe them.

I found a naturopath who was also a registered doctor that would prescribe them to me. After seeing the effects of the antibiotics along with dietary control I realised that I was on the path that would produce the best results for me. I then found that the naturopath was a doctor of psychology, not medicine, which didn't sit well with me having her prescribe medicines. Thus, I went looking for a medical doctor who would assist in selecting the best antibiotics for me.

I found such a person, a Doctor who not only followed the antibiotic treatment but also concentrated on the dietary aspects of controlling the arthritis. This has made the world of difference to my health. Flare-ups in my arthritis are very rare now and for most of the time I do not suffer from it at all. This is a stark contrast to others that I know who follow the anti-inflammatory treatment that the AMA recommends. I have seen friends get so distorted with their arthritis that it has led to their deaths. I cannot understand why the AMA still recommends the treatment that they do when there is obviously a much better treatment available.

Unfortunately, the AMA would be less than happy with my doctor not following their recommendations so I am having to submit my story anonymously so as to protect my doctor, and subsequently my treatment.

In conclusion, I strongly vote for the status-quo to be kept with alternative treatments given that my alternative treatment has had such a great impact on me being able to lead a normal life in the face of extreme adversity. It has kept me out of a wheelchair for over 30 years now which, in itself, is a glowing result.

Submission to Medical Board of Australia: Public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments

To: medboardconsultation@ahpra.gov.au

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

9 June 2019

Dear Medical Board of Australia,

I have read your Public Consultation paper and am writing to advocate for 'Option 1 - 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'.

I have received training for nursing and to practice as a nutritionist. For many years, I have been living with myalgic encephalomyelitis (ME)/chronic fatigue syndrome (CFS). An estimated 250,000 Australian patients suffer from this severely debilitating yet under-recognised illness which leaves 25 percent of patients bedbound/housebound. I, too, was bedbound and housebound for many years, despite having formerly been a trained athlete and in very good health.

ME/CFS – symptom management via complimentary medicine

For ME/CFS patients, there are currently no safe evidence-based treatments and for which conventional medicine has little to offer. Furthermore, the 2002 ME/CFS clinical guidelines for Royal Australasian College of Practitioners are over 17 years out-of-date. Less than 50 percent of conventional doctors receive training about ME/CFS. According to the National Health and Medical Research Council's Draft Report on ME/CFS, "A UK survey (2005) indicated that only half of General Practitioner (GP) respondents believed that ME/CFS was a real condition. These results are similar to those of an Australian survey of GPs conducted in 2000"¹.

Consequently, ME/CFS patients can only manage symptoms – which complementary and unconventional medicine and emerging treatments (CUMET) are proving beneficial for many patients.

In my case, I have found that several CUMET have helped me in managing my ME/CFS symptoms without harmful side effects. These have included: acupuncture and moxotherapy to balance energy, Bowen therapy for autonomic nervous system and sleep and nutritional supplements to address nutritional imbalances.

¹ Report to the NHMRC Chief Executive Officer – Draft for Public Consultation, Myalgic Encephalomyelitis / Chronic Fatigue Syndrome Advisory Committee. December 2018. Page 17.

Terminology and definitions regarding CUMET

I do not agree with the term 'complementary and unconventional medicine and emerging treatments'.

Each of these three separate terms, 'complementary', 'unconventional' and 'emerging', describes a different concept scientific approach/set of conditions and while there may be some overlap, combining them as a single term is highly problematic for regulatory purposes, let alone being highly flawed as a scientific definition.

In the context of medicine, 'complementary', 'unconventional' and 'emerging' are not fixed, definite terms but can be considered, qualitative and subjective terms whose individual definitions can be debated ad infinitum. It is not possible to merge the three terms into a single entity. To further clarify, the three terms may be debated along these lines:

- **Complementary** – eg Traditional Chinese Medicine, western herbal medicine, mindfulness, probiotics, vitamins, osteopathy, massage, yoga....
- **Unconventional** – this term connotes a cultural approach to acceptable practice rather than an evidence-based scientific approach. Who gets to decide what is conventional? This term should not be used to describe a practice of medicine. Its use could be seen as cultural discrimination or bigotry.
- **Emerging** – Medicine is a rapidly changing field, new concepts arise all the time, giving rise to new discoveries and advances which may or may not stand the test of time. Eg Marshall & Warren, The Cause of Gastric Ulcers, H. pylori and the Nobel Prize

The term which should be used is medical practice which is '**outside the code of Good Medical Practice**'. It should be defined by its lack of adherence to the Code of Good Medical Practice

Complementary and unconventional and emerging medicine is not an appropriate single definition. It is a highly inappropriate definition particularly where the noted concerns apply to all doctors:

- Failure to consider differential diagnoses
- Unproven therapies
- Entrepreneurial medicine
- Progressive practice (The Medical Board needs to define what this means?)

A concern of mine is that not enough doctors consider the possibility of evidence-based complementary, unconventional and emerging approaches, which patients are actively seeking, especially when their needs are not being met through a conventional approach.

The Board could do more to address the unnecessary and unhelpful polarising reactions to different ways of thinking that serve to accentuate controversy rather than find common ground between all stakeholders, for the good of the patient.

Active encouragement and encouragement to at least consider the evidence for holistic or non-pharmaceutical approaches in situations of chronic conditions, not simply be subject to regulation.

Comments regarding new guidelines for CUMET

I am of the opinion that new proposed guidelines for CUMET are not required and would have negative consequences for patients.

The need for new guidelines has been insufficiently justified.

The current guidelines cover all the issues which the MBA identified as requiring attention. The MBA also provided examples of complaints which have been upheld against doctors practising CUMET. The upholding decisions suggest the existing guidelines are providing adequate public protection.

The proposed guidelines are likely to have unintended negative consequences which will limit the ability of patients to access appropriate care, and impact patients' freedom of choice.

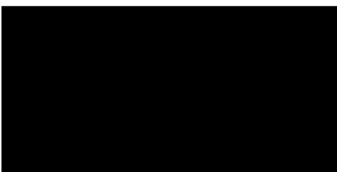
I believe these guidelines will disproportionately affect people with illnesses such as ME/CFS.

I am concerned that these guidelines will increase the burden on those doctors practising CUMET. The guidelines may discourage doctors from practising in this way, or increase patient costs of accessing these treatments, which is likely to result in increased harm to patients.

I am especially concerned about patients having reduced access to helpful treatments and losing freedom of choice in their care. We also believe that it is better for patients to access treatments through doctors, a profession which is already well-regulated, or CUMET health professionals who are accredited via their professional association.

Thank-you for hearing my views regarding this matter.

Yours,



Note: for privacy and confidentiality reasons, please do not publish my name or address on your website or other publicly accessible mediums. Please redact my name and address and feel free to publish the rest of my submission.

From: [REDACTED]
Sent: Sunday, 10 March 2019 10:19 AM
To: medboardconsultation
Subject: IM Medicine

Dear Editor

Option 1 - 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.

"regulate" integrative medical (IM) practitioners.

I have been consulting an IM practitioner for the past 15 years and have been completely satisfied with my health care to date.

After coming from a family history of LAD heart failure, stroke and high blood pressure I have managed to continue my life and well being under the guidance of an IM Practitioner including the aid of compounding pharmacies.

I have also had to use the assistance of laboratories in two other States other than NSW to obtain tests including pyrolls and other blood tests which are not covered by Medicare in this country. This astounds me!!!

I am a patient that is not throwing out Western Medicine but feel that as it did not work for my parents I feel forced to use IM which has been a great success in my case.

I find it hard to believe that I have to pay for extra pathology tests which are not covered by Medicare in Australia.

I also find it unbelievable that the Australian Medical Board are considering abolishing the above Option 1. IM has been practiced in other developed countries in the world. I am finding it hard to digest the the Australian Medical Board is considering further regulating IM in Australia.

I am an airline pilot and have an intense job that requires that I am a bright and knowledgeable.

Concerned Patient.

From: [REDACTED]
Sent: Friday, 28 June 2019 9:28 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

To Whom it May Concern,

I am writing to express my strong concern over the proposed regulation changes for doctors practicing integrative medicine. And I am writing on behalf of those who are in the same position as me, but whom you will not hear from, as many of us are too disabled by our illness to respond. Indeed, this has taken a great deal of time, energy and pain to write, so I hope you can respect that and attend to my words with care and consideration.

I understand that the intention of the medical board in proposing these changes is to protect patients from harm, but I believe these regulations will have very serious and harmful consequences for populations of patients you may not have considered; definite harm that far outweighs the theoretical harm you are seeking to prevent.

I live with rare disease. There are often fewer conventional treatments available for rare conditions, if at all, as there is less incentive for pharmaceutical companies to create drugs where the consumer base is so small. Research is similarly stifled, as I'm sure you can understand the political and monetary aspect of research and publishing means that funding does not always go to the areas most in need. There are few specialists worldwide for each rare disease, and so it is often the case there is no one within your own country, meaning the pioneering work is being done overseas, and the treatments, that may be conventional in that country, are unheard of in Australia. This means that myself, and other rare disease patients, rely on off-label use of medications, emerging therapies and/or treatments that may be considered "unconventional" in our locality.

This does not mean these treatments are untested or without scientific rigour. It does not mean the patient enters into it blindly without being adequately informed of the consequences and risks. The majority of rare disease and complex illness patients are educated, well-researched on their disease, and always keeping up to date with emerging therapies, clinical trials and new research, because self-education and self-advocacy are the only ways to gain access to treatment in a timely manner. Our doctors discuss treatments with us, fully informing of their risks, their potential benefit, their cost, and whether they are standard or experimental. This means that patients are not simply naïvely following the word of their doctor, but are willing and informed participants in the administration of their medical care.

In fact, we are often the ones keeping an eye on the safety of a treatment. There have been occasions I have had to reject a "standard" therapy because it is outdated and not in line with current research on my disease, or it is contraindicated due to interactions with the disease itself or other medication I am on. Alarming, it is the "non-integrative" doctors who are most likely to fall into this pattern of not understanding the complex-system of the body, the manner in which one condition impacts another, one organ system impacts another, one medication impacts another. The concerns as to practice listed in the consultation document are issues I have indeed faced - but all with "conventional" doctors, and never with integrative doctors.

In my not insignificant contact with medical professionals, it is my observation that integrative doctors tend to have a greater depth and breadth of education, are more likely to keep up to date on research, liaise with specialists outside of their discipline, undertake continual and continuous further education through the forum of conferences and trainings, and take the time to actually treat the complexity of a patient in a safe and considered manner, rather than write a hurried and inappropriate prescription and boot the patient out the door in a bid to keep their consult times low. "Standard" medicine does not support the complexity of rare disease. Complex patients require a team of medical specialists to coordinate our care, and integrative practitioners are one of the most vital components of that team. Indeed, my medical team is helmed by my integrative doctor, and he was the one who, after years of doctors being at a loss to what was causing my symptoms, picked up on my rare disease in our first consult, which eventually led to official diagnosis.

Without off-label use of drugs, I would still be victim to more than one hundred convulsive seizures per day every day. I cannot overstate the suffering that caused me. Without jumping upon newly described therapies used overseas, I would still be enduring constant and excruciating dystonia and spasticity. I have a significant number of severe allergies to most excipients, and without access to compounded medications, I would be forced to choose between going without treatment, or following each dose with a jab of epinephrine and visit to ER, a decision no one should be forced to make. Without doctors who were willing to look beyond the scope of what is standard and easy, I might never have been diagnosed. Without access to emerging therapies, I would have no hope, and when you live with rare disease, sometimes hope is the

only thing that keeps you facing the struggles of each day. Without these things, I would not be alive; either directly due to the symptoms of the disease, or due to the untenable nature of living with these symptoms. I am terrified of what would happen were I, or others like me, to lose access to these treatments.

We already face great barriers to accessing care, and difficulty accessing medications. It is unconscionable to make this even more difficult for this vulnerable population. We live in a state of precarity and suffering; if denied access to regular medical channels of accessing treatment, I fear many rare disease patients will resort to risky solutions: procuring black-market drugs from the dark web or other patients, attempting to treat their own diseases with DIY procedures, or illicit drug use to cope with having to live a life where no medical hope is offered. I do not want to lose peers to these acts of desperation. I worry for the patients who will pauper themselves travelling overseas to access treatment suddenly denied them here. I despair of my peers who may, facing the dark void of their access to treatment being barred, take their own lives. I strongly believe the best way to avoid these behaviours is by not restricting access to the types of care they require - "conventional" or otherwise - as treatments happening under the care of a doctor are surely preferable to the dangerous alternatives.

A patient of a specific rare disease may only be one in a million, but conservative estimates for the number of Australians living with some type of rare disease are between 6-8% of the population, which is between 1.5 and 2 million people. That is a large number of people who will be harmed if these proposed regulations are put through, and represents a significant cost in human life. And, in any case, *even if the number of people affected by an injustice were in a minority, it does not make the injustice minor.*

I am sure the particular treatments you are targeting through these regulations do not relate to my personal situation. I do not have Lyme disease, I do not undergo chelation or IV antibiotics or autologous stem cell treatments. But, as a rare disease patient, I have clear access to seeing how treatments may be considered "unconventional" in the circle of published data and peer-reviewed articles, but used regularly and to great success in informal patient populations with an overwhelm of anecdotal evidence. Evidence Based Medicine is supposed to take both these factors into account; the formal channels of the system, and the informal channels of the experience of patients who live with these conditions. I do not believe targeting these therapies is warranted, as there is not sufficient evidence they do *not* work and are causing harm. If you deem it absolutely necessary, then regulate these therapies one by one with clear and explicit reasoning, and not through the opaque language chosen, which groups far too many disparate types of therapies and types of practitioners under the one umbrella.

I am very troubled by the wording of these regulations. These definitions are vague and lumped together as one category, where, as far as I can see, they are wholly separate issues. A fair consultation process would unfetter these definitions from one another, give clearer explanations as to their meanings, explicit examples of the risks they are feared to pose, list what treatments would fall under these categories and what would not, and this information would be created in consultation with the professionals, and ideally the patients, it describes. The current document of proposed guidelines falls short of this level of specificity.

You may say that these regulations are not intended to exclude patients like myself from medical care, but the wording of the regulations do not offer any assurance of us, or our doctors, being protected from them. It is the lesson of history that vague regulations with highly subjective parameters are invariably enforced along political lines; the meaning can be bent to suit the wishes of the accusing body, and can become a weapon of whim with which the accusers can target individuals for essentially no reason at all. It will create a fearful and paranoid medical system in which doctors would rather leave patients to suffer than risk the wrath of these regulations which could be aimed at anyone at all, depending on how you decide to define highly subjective terms like "conventional" in the moment. It cannot be trusted that these regulations will always be enforced with fairness or in good faith, it depends too highly upon who is in power at a given time, and it is to prevent this type of corrupt usage that the wording of regulations, rules and laws are meant to be clear, detailed and explicit.

In the absence of fair, explicit and transparent regulations, and a fair consultation procedure in the creation of said regulations, I can only urge that the current status quo be maintained. I do not believe restricting access is saving anyone, and indeed believe it will cause great harm to many patient populations, especially, but not exclusive to, those living with rare disease. I am frightened for my rare disease peers, and myself, that these regulations could create a medical system in which we would not survive.

I hope you will consider my concerns over these regulations seriously, and strongly implore you not to go forward with the proposed regulations as they currently stand.

Sincerely,

(Name and address withheld)

Australia, June 28th 2019

Consultation on complementary and unconventional medicine and emerging treatments

6th March, 2019

To the Executive Officer, AHPRA.

I am writing concerning the public consultation paper, regarding options for clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments.

It is my strong belief that the Board should, out of the two options presented in the paper, maintain Option 1, which would *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.*

In my own experience, I have used complementary medicine on a regular basis, in both a preventative and restorative measure, and have found, in every case, that it is safe, effective and cost-effective. This complementary and unconventional medicine has provided me with multiple testimonies of cures from ailments, at times particularly when conventional medicine did not. I wish to continue to be able to access complementary medicine, with the advice from an appropriately-trained health practitioner, and, in particular, with the advice from an appropriately-trained medical practitioner.

In the supporting Discussion Paper, there were multiple points made which deserve further comment, but I would like to simply address two below:

The paragraph regarding registered medical practitioners is misleading; there are a large number of doctors who are trained by ACNEM (the *Australian College of Nutritional and Environmental Medicine*), but are not members of AIMA.

If the result of this inquiry and consultation is that medical practitioners must be ACNEM-trained and registered through AIMA, in order to practice complementary medicine, we are not only allowing the continuation of access to complementary medicine through medical practitioners, but we are also equipping them to be better qualified in their fields, and trained in said fields, thus doing a service to this issue. This, therefore, could be a means of improving the current regulations.

The Discussion Paper also states that *"The available information indicates that patients are being offered treatments for which the safety and efficacy is not known. They may be having treatments which may be unnecessary or may result in delayed access to more effective treatment options. Unnecessary treatments may expose patients to adverse side effects. Harm may occur directly from the treatment, resulting in an adverse outcome, or it may be indirect, associated with delays in accessing other treatment or from the promises of 'false hope'. While there may be benefits – treatment and therapies may also have no effect, the*

benefit may be uncertain, or the effect may potentially be harmful. The harm can be physical, psychological, and/or financial. " This is an entirely deceptive paragraph, if it does not also state that this applies not only to complementary medicine, but strongly to conventional medicine and its associated therapies. It is well acknowledged in medical literature, that mainstream and pharmacological has a high iatrogenic side-effect rate. It is also well documented, that for chronic conditions and mild-acute conditions, pharmaceutical medication frequently carries a high risk vs benefit. In these contexts, it can be well argued that complementary medicine is a more effective and safer alternative. Patients tend to seek out complementary medicine when mainstream medicine has failed them, and has provided the adverse side-effects mentioned. These concerns regarding complementary medicine need to be verified by more than the information which has been made available for this Discussion Paper. If the available information which supplies this is skewed only towards the defamation of complementary medicine, then it is concerning that such information is included in a paper presented by AHPRA.

I would like to again state that I believe the Board should select Option 1 from this paper, as the value of accessing complementary and unconventional medicine, particularly through trained health and medical practitioners, is enormous.

Sincerely,

██████████
██████████

From: [REDACTED]
Sent: Friday, 28 June 2019 4:52 PM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments

Dear Medical Board of Australia,

My name is [REDACTED], I'm a Registered Nurse and I'd like to make a submission related to the consultation on the proposed guidelines around complementary and unconventional medicine and emerging treatments.

My preference is for the board to retain the current guidelines by choosing Option 1.

I live with three chronic illnesses for which there are no current effective or safe treatments. I am currently prescribed three medications off-label which are all helping to improve my quality of life to a degree by reducing the severity of several symptoms I experience as a result of my illnesses.

I would be extremely upset and disappointed if the Medical Board of Australia decided to remove my access to the only drugs that have provided any relief for my severely debilitating illnesses.

These medications are:

- **Low Dose Naltrexone**, prescribed by one of my GPs for ME/CFS. This drug has improved my sleep quality and reduced some pain.
- **Midodrine & Coralan**, both prescribed by my Cardiologist to address dysautonomia associated with ME/CFS, POTS & Neurocardiogenic Syndrome. These drugs have reduced my lightheadedness, dizziness & brain fog by stabilising my blood pressure and reducing tachycardia. This increases the length of time I am able to be upright and improves my independence to a degree.

Please don't make the lives of those with poorly researched illnesses worse by not listening to us regarding unconventional treatments that we have found to be beneficial.

As a Registered Nurse, I implore you to truly listen to patients and to understand and acknowledge that in the many circumstances where conventional medicine offers no solutions, unconventional treatments can be valuable and should be allowed to be prescribed by doctors where appropriate.

Yours Sincerely,

[REDACTED]

Consultation on Complementary and Unconventional Medicine and Emerging Treatments - Submission

24th June 2019

In Essence and Conclusion

All practitioners, whether they provide orthodox, conventional, allopathic, holistic, integrative, functional, naturopathic, Chinese, Ayurvedic, complementary, unconventional, whatever medicine, should be given equal opportunity to provide service and be subjected to equal scrutiny and legal responsibilities. If the Medical Board of Australia cannot achieve this, because it is biased towards orthodox or conventional medicine, then a genuinely independent overseeing body is required. It is medicine by (mafia type) tyrannical stealth when one discipline curbs and controls alternatives and public access to them.

The Public consultation paper reads like: conventional medicine is unquestionably superior and problems only exist in other disciplines; and Option 2 has already been decided. Blatantly absent in the proposal for clearer regulation is Option 3 which could expand alternatives for medical practitioners, and put all medical practices on equal footing and under the same umbrella for safety, effectiveness and integrity. To achieve better health outcomes more transparency and honesty is required – not stacking the deck with more laws stifling competition.

This proposed measure to further marginalise alternative medical approaches and disciplines may be more about market share and monopoly than achieving better health outcomes. It seems like a desperate attempt to protect a business amidst a growing realisation that all is not well and getting sicker in the current orthodox allopathic medical sphere, and more effective and efficient healing solutions may lie in alternative approaches and philosophies. Or maybe worse: that this request for feedback is a covert tactic to identify the biggest threats to conventional medicine growing and cornering the market, by tricking people to reveal where they have found better healthcare and superior outcomes. Some alternative practitioners will not make a submission for fear of targeted repercussions.

I expect that only when the real causes of chronic illnesses are allowed to become common knowledge, and effective prevention strategies along with inexpensive and natural healing become mainstream and easily accessible to the public, that the modern chronic disease trend will reverse.

Please take onboard my feedback anonymously and publish without my name. My identity is immaterial to the essence and all the contents in this submission. Please keep this feedback in the event that a future Royal Commission needs to investigate the response. Maybe a Commissioner will have the authority to recommend prosecuting officials for conduct inconsistent with the principle of “primum non nocere”, the Declaration of Geneva, or the Hippocratic Oath, and if they failed in their responsibility to implement reasonable, fair and prudent process, and provide the public with real health and medicinal choices.

My Orthodox Conventional Allopathic Medicine Experience

Credentials that Qualifies me to make this Submission and give Feedback include:

- i. My failure to recognise when orthodox doctors were masking symptoms with pills and treatments, rather than identifying and addressing the cause of the underlying problem, has cost me dearly in many ways.
- ii. I have consulted various specialists whose solutions have been to recommend drugs and/or treatments with little regard for how other body parts, or general and long term wellbeing, may be negatively impacted.
- iii. I have had questionable and minor surgery that resulted in lasting and major problems.
- iv. I have had decades of various health issues which specialists, rather than try to identify and address underlying causes, have provided drugs, treatments and strategies which ensured I was never healed.
- v. I have been repeatedly told health problems are the inevitable result of my genetics in instances where, on reflection, addressable factors like lifestyle and environment are really far more causally significant.
- vi. I had no concept of how narrow the perspective and how limited conventional doctors are in their ability to address many medical issues. No conventional allopathic doctor ever seriously suggested I consider a dietary connection or check the nervous system, or investigate chemical stressors for any ailment including headaches and migraines which plagued me for the bulk of my adult life.
- vii. I naively assumed that doctors and medical organisations' staff would abide by the Hippocratic Oath principles.
- viii. I have taken statins, and many other prescribed medications that I now regret. My lack of knowledge of side effects ensured I did not associate (especially where there is a time lag) adverse outcomes and reactions. I was never properly aware of harm to balance against when considering the use of medications (eg antibiotics' harm to gut microbiota).
- ix. I have a mouthful of dentistry, and now wonder about the integrity of dentists I trusted, and thus the wisdom of my decisions to proceed with advice I was given.
- x. I have had body parts liberally X-rayed so many times that I have lost count.
- xi. I have unwittingly consumed an incalculable quantity of fluoride that I now wish I hadn't.
- xii. I have had numerous vaccines without even being aware of the contents, adjuvants or risks. I had no idea that vaccines were not legally required to be safe or effective, are approved on little more than a promise of aftermarket surveillance, and manufacturers have exemption from injury lawsuits.
- xiii. I have cooked with highly processed polyunsaturated oils, and devoured other officially recommended healthier choice foods that, I now consider, compromised my health.
- xiv. I have used products and consumed food with additives sold in common supermarket products that I assumed would be safe that, I now consider, are likely toxic.
- xv. I have trusted food and medical businesses and fallen for their marketing propaganda.
- xvi. I was a cigarette junkie at the time that industry scientists swore under oath that tobacco was not harmful or addictive.
- xvii. I have spent the bulk of my life unaware that I was a sugar addict (an affliction that financially benefits multiple industries to remain unrecognised and undiagnosed).

- xviii. What I am seeing now is:
- a. A high growth sickness industry thriving on the poor health outcomes of peoples' exposure to an increasingly toxic cultural and physical environment. Overseeing health bodies establishing an environment in which it is difficult, and therefore unlikely to have a healthy life, and sabotaging real health professionals with integrity, especially those who wish to distance themselves from a system they question or no longer have faith in.
 - b. A sick population, with widespread compromised health that requires ongoing care from an increasingly younger age. People are being hoodwinked into believing that more medical interventions lead to better health. Chronic illness, once the exception, is now the norm, and people are conditioned to accept that poor and exponentially deteriorating health is a normal and inevitable part of life and aging.
 - c. High level (psychopathic type gaslighting) denigration of those who think it is prudent to be aware of the risks and contents of a vaccine, pharmaceutical or treatment, and/or have access to trustworthy statistics of a treatment or procedure etc.
- xix. I can now be labelled as having the mental disorder of Orthorexia Nervosa (because organic food, which was once the norm, is now so scarce, that the extra effort required to source it, puts one in that category). This provides the orthodox sickness industry yet another opportunity to administer treatment. And gives conventional allopathic disciples logic licence to outright dismiss my viewpoints.
- xx. My My Health Record was created without my knowledge or consent, before any opt-out deadline.
- xxi. Considering the scope of questionable official orthodox expert advice and treatment I have been exposed to, and trusted throughout my life, if I don't get diagnosed with other and more serious chronic diseases including cancer, I will consider myself very fortunate. I hope not to be caught up in the lucrative dragnet haul of surgery candidates, heavily medicated, and chronically ill of the next few decades.

Ethics in Conventional Medicine and the Systematic Attrition of Choice (The scope of the submission guidelines are broadened by not assuming that orthodox medicine is largely free from misleading information, adverse outcomes, malpractice, scientific distortion, conflict of interest, corruption and fraud.)

Please consider the following observations, comments and pleas:

1. Recognize that anyone, including medicos, can be duped. ["Killing For Profit - at the European Parliament ! #LCHF Aseem Malhotra" on YouTube <https://youtu.be/jcnd3usdNxo>]. Among other tactics, the difference between absolute and relative risk seems to be used as a marketing confusion tactic to sell pharmaceuticals and interventions. It is bad enough when individuals make poor decisions for themselves, but we currently have a system where duped bureaucrats and politicians can mandate measures that result in poor outcomes for the population.
2. The public should have real informed choice, instead of mandating the beliefs and values of current bureaucrats, or those that makes their money out of sick people. For instance: Remove facility for mass medication like via the water supply. (E.g. fluoride. The same rationale can be used for sedatives, antibiotics, sunscreen, vaccines or any other substance that is considered justified at any time. Let people make a choice whether or not to purchase and use fluoridated toothpaste and swallow fluoride if they want and feed it to their children.)
3. Proper food labelling laws are required so those who consider nutrition vital to health can make appropriate choices. Ensure our food is tested for agricultural chemicals, toxins, heavy metals etc, and the public have effortless access to information so they can easily choose not to consume particular chemicals. E.g. glyphosate, and various herbicides, pesticides, fungicides and other poisons.
4. Symptoms are being deemed a health problem or a pharmaceutical deficiency. Concentrate instead on identifying the cause of the underlying conditions causing the symptoms. Symptoms appear to conveniently turn into risk factors and correlation into causation when lucrative long term use of patented drugs are marketed to reduce symptoms. [E.g. cholesterol and blood pressure levels.] The likelihood of symptoms being called risk factors seems to be related to the marketing strategies and financial return for patented drugs. Drugs marketed to reduce symptoms assure perpetual reliance by deviously allowing the cause of the symptoms remain unaddressed or undetected.
5. Doctors, who uncover evidence in their experience that contradicts the official doctrine, are being bullied. [E.g. ██████████ AHPRA's Caution for recommending his patients make dietary modifications that differ from the mysteriously obligatory food pyramid of the day. (A Caution that cannot be rescinded either by appeal or even if his views become mainstream guidelines in the future.)]
6. Why does the current PBS tend to cover symptom-orientated, pharmaceutical drugs with harmful side effects, but rejects coverage of effective, relatively safe and affordable natural therapies? Harmful and lasting side effects further support the sickness industry with their plethora of patented and lucrative treatments.
7. The shame, embarrassment or fear that people currently commonly experience if having a suspected adverse reaction to a vaccine or pharmaceutical. Adverse reactions recognition and reporting should be made easy, encouraged, believed and taken seriously. The longer it

takes for adverse side effects to manifest the more unlikely it is to be connected to the cause and therefore can go largely undocumented.

8. The rampant humiliation, ridicule and demonization of people that doubt or question current conventional dogma and those who wish to retain choice over what they digest, ingest and inject into their body. In theory the public are told that they have informed choice, but in reality if one rejects, or even questions, the official doctrine they are considered a threat to the system. (E.g. vaccines.)
9. Official organisations appear heroic by terrorising the public over generally non dangerous common ailments and infections (from which recovery is typically quick (with a healthy immune system) and generally boosts resilience to subsequent exposure), so the pharmaceutical industry can flog vaccines and potions. E.g. flu season hysteria. Marketing and propaganda tactics are used to frighten the general population to vaccinate for largely not dangerous or exceptionally rare conditions.
10. There appears extensive disease mongering and growing the sickness market by actively looking for disease and vigorously marketing screening with risky and questionable procedures, and converting otherwise healthy people into patients. It seems people are being bullied and terrorised into scanning for (once rare) modern diseases. [Women who have already taken a risk (probably unaware of any risk) of injury by having HPV vaccine are still being hounded to have regular pap smears because the vaccine is not effective.]
11. Organisations like national officially recognized Cancer, Dietary, Nutrition, Heart, Diabetes, etc groups are accepting conflict of interest funding from food manufacturers and pharmaceutical companies etc. There appears a cosy relationship of collusion between governments and dietary, medical, food, media and other industries that support the proliferation of metabolic diseases. Guidelines seem to change to support each other to grow the market size. [The very reasonable, highly plausible hypotheses, that inadequate sunlight skin exposure and low vitamin D levels contribute to the duration and severity of flu and other disease symptoms, or that chemicals in sunscreen absorbed via the skin can negatively affect health including increasing the risk of cancer, will never be properly researched while the manufacturers of sunscreen products sponsor cancer councils and foundations and the like.] It seems the bigger these NFP organisations get, and the more funding they receive, the more prevalent their associated diseases become. As more funding seems to accelerate the trend, a different motivator is required if one is authentic in endeavour for better health.
12. Get drug pushing companies' money and influence out of doctors' practice, medical schools, universities, and research. Do not rely on research that is compromised by the source of the funding. Such findings have little integrity or trustworthiness. Research needs to change tack to focus on finding causes rather than cures and people will be spared the need for any (conventional or unconventional) medical attention.
13. Growing the official sickness industry is easy and inevitable when everyone is railroaded into taxpayer funded healthcare including: forced exposure to neurotoxins; penalised for not following obligatory regime guidelines; testing and scanning coerced as the first line of defence; a pill for every ill endorsed; highly processed foodstuff normalised; and contaminated/poisoned or questionable produce officially spruiked as healthy choice.
14. It is not helpful to growing sick and gluttonous populations that are serviced by the current orthodox conventional medical and food industries if alternative dissident scientists, researchers, practitioners are allowed to operate. Not conducive to growing the conventional sickness industry is the probability that by default, with an uncompromised robust immune and nervous system, the human body naturally tends to revert to good health, needing

essentially mainly good nutrition and an absence of chemical, emotional and physical stressors.

15. There is likely hundreds if not thousands of not patentable natural medicinal substances, remedies and methods used for hundreds if not thousands of years in many other cultures and alternative disciplines that can help the body recover from a myriad of diseases and infections (particularly by boosting its own immune system) but the definition of sufficient evidence has been perverted to exclude them. Safe natural cures and solutions currently do not seem to receive the research funding to meet orthodox approval if they are not patentable and/or are a financial threat to patentable and current lucrative pharmaceuticals etc. Since there is poor return on the funds required to include unpatentable remedies and substances in the enforced paradigm they will remain unproven by biased definition.
16. The legal liability protection for the manufacturers of pharmaceuticals and particularly vaccines needs to be removed. The public need protection, not big business bottom line. Don't allow untested (especially for a myriad of serious, lasting or delayed consequences) products into the mainstream medical sphere, let alone mandate them. Independently confirm, beyond any shadow of doubt, that things like the electromagnetic radiation of 5G have no negative public health consequences, before any rollout. [It is understandable why orthodox medicine would not want to hamper a technology like 5G that has the potential to aid the industry with its own technological advances while simultaneously increasing market size.]
17. Parallels can be drawn between buying mafia type protection and health insurance. (Which would more accurately be called sickness insurance, but in fact guarantees neither health nor provides protection from illness) One is punished (e.g. Medicare surcharge) for not having health insurance, but one cannot use it for alternative treatments and services outside of the cartel's authorised providers.
18. Increase, rather than restrict choice. Do not hamper medical approaches and practices that AMA personnel don't like or understand. Accept that there are many routes to successfully maintaining or regaining health, and differing medical wisdoms are all worthy of being equally available to the public. People have greater potential of being healed and achieving good health if they have real choice to select the discipline that works for them.
19. Don't be so "My way or the highway". Extend Medicare and Allied Health type subsidy to a much wider range of alternative health services. Do not put up legal, financial or any other barriers [eg by defining evidence to exclude that evidence that does not support conventional dogma] to hamper patient choice or unconventional practitioners' ability to practice. Accept and document recovery and superior outcomes from alternative practitioners as legitimate and as reasonable as one would from any conventional allopathic medical service. There are charlatans in all services. Monitor them all with equal scepticism.
20. Please build a framework and culture in which misuse of position and abuse of trust is improbable and unacceptable. In the late 80s the Fitzgerald Inquiry into Queensland Police that demonstrated that corruption can go right to the top of the very body charged with enforcing the law; More recently it was exposed that the federal government regulator allowed finance industry organisations to steal from their customers; And it was in our regime protected environment of religious high ground that paedophilia flourished. Sinister hypocritical dogma, money and moral high ground may be sustaining medical scams in the current health system. It seems every industry needs its own Royal Commission to begin to expose the extent of the rackets.

Public Consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments.

Submission from two consumers of medical services

I write on behalf of myself and a friend.

We write in support of option 1 namely:

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 Boards approved code of practice

Our reasons for supporting this option are as follows:

1. This seems to be a sensible and balanced document along with the NHPB Guidelines for advertising regulated health services.
2. I have considerable experience of success with alternative medicine which has less side effects than conventional medicine. I am also a believer that it is important to use conventional medicine to obtain accurate diagnosis of illnesses and then balance the use of conventional medicine with alternative medicine depending on the illness. I believe people must have a right of choice provided they are not being harmed by either conventional medicine or complementary/alternative medicine. I would not use alternative medicine that is very experimental unless my circumstances were such that I felt I had no other choice but I would do considerable research and discussion with practitioners before choosing such an option if I chose it at all. I consider I have a right to choose what treatment I have whether conventional or alternative. I also have a GP that I trust and work closely with.
3. My friend developed carpal tunnel in both hands. After her operation her hands started to claw and no doctor could work out what was wrong with her. She was referred to a rheumatologist who gave her a drug that caused significant pain in her hands and had to be stopped. She was then referred to another rheumatologist who took a biopsy but again could not determine what the problem was. She then went to a naturopath who eventually referred her to a GP who had studied nutritional medicine. It was determined that she had a leaky gut and diabetes that manifested itself in an unusual way. The clawing was a symptom of these issues. After a year of nutritional treatment the clawing went away along with the diabetes and the leaky gut. Complementary medicine was able to help my friend where conventional medicine had failed.
4. There are many risks and side effects with conventional medicine with people often not being told what the long term effects are of various treatments. They are often just taken as a given from various treatment options eg the long term impact of

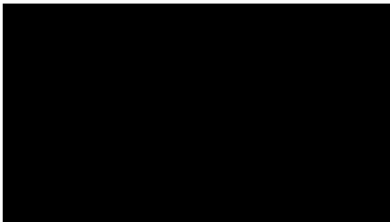
Public Consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments.

chemotherapy treatment on bone health. There are times when medical practitioners are groomed by pharmaceutical companies to use their drugs with side effects withheld and they prescribe medicines that have a long term negative impact on patients eg the over prescribing of [REDACTED] the resultant addiction problems and then deaths of people who have become unknowingly addicted to the drug. So conventional GP's are not immune to conflicts of interest and mistakes in relation to conventional medicine.

5. Whilst I have some concern about some of the alternative treatments listed in the paper, the reason I do not support option 2 is because I think it opens the way for misuse by the board particularly when the board has an unfounded bias towards particular modes of illness/ treatment. Eg lime-like illness and Lyme disease. For example it took the medical profession a long time to accept that chronic fatigue was not something that people made up. The situation with Lime disease seems to be similar to this. Option 2 would potentially stop and retard an understanding of this disease and leave these people in a dreadful situation. It is very important that the board separates out those issues that are new and emerging health problems from the practitioners undertaking very risky and unfounded interventions.
6. I believe option 2 is too general and as a result too open to exploitation depending on the views of the person undertaking any investigation. It is too broad, general and open to manipulation. With complex medical issues there does need to be some experimentation and research and often complementary medicine can complement conventional medicine or even lead the way. It would be better to develop individual papers on the areas of concern with clear guidelines on each issue. There is a need to separate out different treatments and illnesses.
7. I don't know enough about Platelet rich plasma (PRP) but would see this as an area in which the board could do further work and develop a paper for comment, raise concerns in more detail and eventually set guidelines for practitioners. The board should do similar things for Stem cell therapies particularly given there is some evidence from early clinical trials of possible benefit for select patients with certain conditions.
8. I more concern about areas of rejuvenation to do with wellness eg Anti-ageing cosmetic regeneration medicine and Anti- ageing treatments, performance enhancing treatments and health and wellness treatments. Here I think is where people can experience considerable exploitation and this should be dealt with as a separate issue and where the guidelines might fit. Cosmetic surgery is of great concern and we wonder how much people who undergo multiple cosmetic surgery understand the long term affects on their body and brain of numerous anaesthetics. This is an area where both conventional medical practitioners as well as alternative practitioners need to be closely monitored.

Public Consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments.

9. Conflicts of interest apply to conventional practitioners as well as doctors practising alternative medicine and should be dealt with under the same conventions. It should not be necessary to develop a different practice for either group.
10. Although you have published instances of concern from doctors practicing alternative medicine these do not appear to be any more than the conventional doctors who make mistakes or are shoddy practitioners. It seems there are already procedures in place for dealing with both these groups of people and they should stay the same so that the medical board is not seen to be treating one group more severely than the other.
11. We believe freedom of choice is important. We also believe in people's right to have a practitioner prescribe compounds for individual needs that are not necessarily pre-prepared commercially available products. We support compounding pharmacies.



[Redacted]

[Redacted]

24 June 2019

From: [REDACTED]
Sent: Friday, 1 March 2019 9:16 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments

To whom it may concern,
6years ago I gave birth to a baby girl.
Normal pregnancy , induced labour.
At three months she caught a cold and was hospitalised.
At this point my husband and I put our trust in to the head paediatric doctor.
Our child had facial dismorfic features , so the doctor asked a a MRI .
They gave the normal dose of anaesthetic.
We could not wake my child for 20 hours after this.
In a week we were discharged .
From that day forth our child started to show signs of autism. She no longer gave us eye contact and started to flap her hands .
This became worse after every vaccination.
By the age of 12 months she was serverly autistic .
She would bang her head , could not walk ,did not babble, no eye contact , aggression, rocking her self back and forth. We were living a everyday night mare.
By the age of two she still couldn't walk , floppy tone . We took her to 6 endocrinologist who said her thyroid was fine . They believed her autism was the cause of her global delay .
We finally found a doctor who looked deeper into my childs Blood work,bloated gut bald head .
Results came in after the proper tests were done and she was completely hypothyroid.
She couldn't take the normal pharmacy thyroid replacement (it was full of fillers which sent her into a deeper state of autism)
We had to get her thyroid replacement from a compounding pharmacy and to the grace of god , all the fillers were removed and our child did not have a negative reaction.
This child started walking independently two months later.
We were than walked through how our gut works and we started from the ground up. Lowering inflammation , rebuilding her gut lining and healing her stomach.
It took 4 years . This child now shows no sight of autism.
We do have a chromosome deletion of a significant number, but against all opinions of these only western medicine doctors she can walk , starting to talk, no longer displays autistic behaviours.
Wow we actually all have a home again.
We went through hell going to doctor to doctor begging for help and we were just shoved into a corner and told it was the chromosome deletion and autism nothing could be done and to just live the best way we could . That means no living just suffering.
The things you are trying to ban gave my child her life back. Along with many others we know of. How could anyone take the rights away to have this help. The people who do this will have blood on their hands.
We appreciate your time in this matter
And hope you understand the gravity of this.
Kind regards

From: [REDACTED]
Sent: Thursday, 2 May 2019 2:39 PM
To: medboardconsultation
Subject: Option 1

To the Medical Board of Australia,

I support Option 1.

I have used an extensive range of natural therapies including the use of vitamins and herbs during my 52 years on this planet.

I believe as a patient I have a right to choose whatever treatment I desire, and I totally support option 1 to leave the guidelines for integrative doctors unchanged.

I consent to publication of my submission without my name.

Sincerely,

[REDACTED]

From: [REDACTED]
To: [medboardconsultation](#)
Subject: RE: Public Consultation on Complementary and Unconventional Medicine and Emerging Treatments / Parts 1 & 2
Date: Monday, 24 June 2019 3:49:25 PM
Attachments: [REDACTED]

24 June 2019

[REDACTED]

Executive Officer, Medical Board of Australia
AHPRA, GPO Box 9958
Melbourne, VIC 3001
medboardconsultation@ahpra.gov.au

RE: Public Consultation on Complementary and Unconventional Medicine and Emerging Treatments

Dear MBA,

Please find attached my submission containing two WORD docs below.

#1 is my letter to you and #2 is the second part of my submission addressing the many questions and issues raised in your Consultation paper.

I tried to address all the areas as brief as possible, but also with clarity. Plus, I used purple text to make it easier to view my responses.

Content may be published, but I prefer for my name and personal contact details to be kept confidential.

Please advise when you have received this. Thank you.


Sincerely,

[REDACTED]

#1

#2

24 June 2019



Executive Officer, Medical Board of Australia
AHPRA, GPO Box 9958
Melbourne, VIC 3001
medboardconsultation@ahpra.gov.au

RE: Public Consultation on Complementary and Unconventional Medicine and Emerging Treatments

Dear Medical Board of Australia,

Like many other Australians I am quite dismayed about the announced proposed changes to doctor patient consultations regarding the use of “complementary and alternative medicine and emerging treatments.” Since these areas are already overly controlled and restricted and considering that the rest of the world is rapidly moving in the opposite direction (e.g. <https://www.acam.org/>), the true intent of this proposal is questionable and disturbing. Plus, most of what the MBA labels as ‘complementary’ and ‘unconventional’ medicine’ has, in fact, been practiced as conventional medicine and proven the test of time to be safe, long before allopathic medicine came into being.

Throughout North America, the EU, and Asia, doctors who incorporate complimentary therapies into their practices are achieving far better outcomes with fewer side effects and less complications. Also, they are achieving this at much less cost than those who only practice conventional medicine and prescribe drugs. It is surprising that the MBA is not aware of these facts and the abundant amount of scientific literature and studies pertaining to these benefits. Additionally, one has to question why people who are not educated in these different professions are seeking to make decisions and regulations for them?

Statistics clearly reveal the high cost, damage, and death rates involved with the use of pharmaceutical drugs. In fact, iatrogenesis is the second leading cause of death in the Western world. Why in the world would the MBA want to further protect this kind of medical system where only the pharmaceutical industry profits at the detriment of every Australian and the Budget? Globally, most experts acknowledge that this is unsustainable. Additionally, all the top medical schools are now incorporating nutrition, acupuncture, and many other complementary therapies, along with emerging treatments (e.g. stem cell, energy medicine, etc.) into their curriculums. They call it “Integrative Medicine.” Most of these therapies are nothing new. It is well known that they do not produce the serious side effects that drugs do. And, when drugs are needed, natural therapies minimise the side effects.

To help address iatrogenesis and spiralling out of control medical costs in America, the world renowned Mayo Clinic now has a “Health Coach” program that they are promoting, along with integrative medicine because they know this produces the best outcome for everyone. (*The U.S. Health Coaching Market 2018: Emerged as a \$6 Billion Service Market - Analyses & Forecasts through 2006-2022 - ResearchAndMarkets.com / Business Wire/*). Even the pharmaceutical industry benefits because this produces less deaths, harm, and law suits.

These experts recognise that the current medical system is producing disastrous results physically, mentally, and financially. The thalidomide tragedy, [REDACTED] disaster, and opioid epidemic are just three good examples. There are, as you know, many more.

Surely doctors, who are well educated in their profession, are smart enough to determine what therapy is best for their patients. Many have expanded their education into these areas precisely because they know better. What the MBA is proposing with Option 2 is highly insulting to the intelligence of Australian doctors. Passing these kinds of guidelines (restrictions), as proposed in Option 2, would characterise Australia's medical system as archaic, substandard, tyrannical, and in the pockets of the pharmaceutical industry.

Like many other health practitioners, I turned to and eventually went into the field of nutrition because allopathic medicine was unable to help me. Their famous two phrases were and still are: "We don't know what causes it" and "There are no known cures!" Well, I learned that is simply not true! Nutrition and natural therapies combined with good medicine/doctors not only healed me and millions of others, but also enabled me to have a healthy child. Plus, by practicing good nutrition and avoiding junk food, not once did my daughter require any medical care or treatment for illnesses throughout her growing years.

Like thousands of other children of my generation, I was damaged early in life from heavy doses of fluoride in our drinking water. We now know it is a neurotoxin; suppresses iodine uptake and production; damages the thyroid gland; causes fluorosis (tooth rot); and other serious ailments. My parents, like most parents of that era were duped by the false claims and kept in the dark about the side effects of those so called 'new' medical panaceas, which were nothing more than dangerous experiments on the masses. The consequence of all that industrial waste being dumped into our water supplies, was that many children's teeth rotted and/or needed costly orthodontic work (braces) and many children suffered bone and joint deformities, while others developed serious depression and mental illness. Plus, our teeth were filled with amalgam (mercury), which led to neurological damage and much suffering. Adding insult to injury, we were also exposed to years of unprotected dental x-rays, which further damaged people's thyroid and in many cases led to cancer. While many of my generation have since died, survivors have been forced to spend tens of thousands of dollars, trying undo the damage done. All because of bad medical policies, conflicts of interests, suppression of information, fraud, greed, and cover-ups.

Unfortunately, many of these archaic, bad medical policies are still being promoted and protected because of a refusal to admit wrong doing (cover up), pharma/dental industry influence, and a lack of knowledge or common sense. Today's epidemics are the consequences of many of these bad regulatory policies. Unless changes to the status quo are made for the better, diseases and medical costs will continue to spiral out of control, which is certainly not "good medical practice."

My mother, who had 4 small children at the time, was made deaf from drugs used during a kidney operation that destroyed her life. Had her specialist had nutrition knowledge, her two major surgeries, the loss of one kidney and her hearing could have been avoided, and our family would have been spared the many years of hardship and trauma.

When I studied nutrition and investigated her case, I learned that she could have passed her stone with a particular herbal formula. Also, had her mineral deficiency been corrected the first time she developed a kidney stone, she would not have had a reoccurrence. And in turn, she would not have needed either surgery or the drugs that made her deaf. Plus, had she

been given a specific mineral before, during, and after the drug therapy, her hearing loss (nerve damage) could have been prevented.

Later on, I worked with numerous similar cases. Instead of having surgery and taking damaging drugs, the patient took a herbal formula and passed their stones safely (within a few days) under their doctor's care and without any side effects. They also corrected their diet and mineral deficiencies and imbalances, which prevented a reoccurrence.

While I was living in a different country, both of my parents died from Iatrogenic diseases because they were stuck in a limited medical system where they lived. Also, communication was difficult because of my mother's deafness. Iatrogenesis is the second leading cause of death in the Western world! Why is this not even being addressed in Australia?

Instead of restricting doctors who use nutrition, complimentary/alternative/unconventional, and new emerging therapies, the MBA should be supporting the benefits of them. A good "code of conduct" would be to focus on addressing the causes of disease and issues like: Why doctors have among the shortest lifespans of any profession; why millions of Australians are being prescribed so many drugs; all the terrible drug side effects, including the high rates of suicide and violence among those being prescribed these drugs; the increasingly high rates of disabilities, mental illness, and dementia in Australia; and how to best prevent them?

My late husband was a doctor and research physician: trained at [REDACTED] NZ, [REDACTED] School of Tropical medicine, and Harvard, USA. He conducted research for Arthur D. Little and the American and Indian militaries and governments. He was also a pioneer research physician in the space industry (NASA). When I worked with him in his medical practice, we both witnessed first hand, with some of the worst cases one could imagine, the immense benefits of combining allopathic and complimentary medicine, nutrition, and natural therapies. Everyone benefited, costs were significantly lowered, and the terrible side effects of drugs were greatly reduced or eliminated. To name a few, we witnessed first hand:

- How the worst infections, which did not respond to antibiotics, clear up within days with the use of a quality vitamin C complex and zinc.
- How type two diabetes, and obesity were overcome with dietary corrections, good nutrition, EFAs in balance, and specific quality supplements.
- How coronary heart disease was reversed with the use of good nutrition and various supplements/nutrients. (Proven with double blind studies.)
- How leg/foot cramps quickly disappeared within minutes of taking a potassium (K) tablet. (Why is this vital mineral, which is easy to buy elsewhere, almost impossible to buy in Australia, even with a prescription?)
- How the use of raw ginger got rid of the worst cases of food poisoning, every time and quickly. (I also experienced this first hand, numerous times). At one hotel event in particular, numerous people got food poisoning. Those who consumed the raw ginger quickly recovered within hours. Those who took the usual medicine were sick for days.
- How mal nourished children thrived after being put on a good, wholesome diet.
- How babies that were premature or had jaundice quickly recuperated with various supplements and mother's milk.
- How a damaged, painful knee was healed using a wrap of magnets with the proper gauss.
- How infertile couples were able to conceive and have healthy babies with the use of good nutrition and various supplements/nutrients.
- How depression and thoughts of suicide quickly disappeared when good nutrition, full spectrum light, EFAs. and minerals such as iodine were provided.

- How bacterial lung congestion, in both young and old, was cleared up with heavy doses of a quality brand of garlic capsules.
- How a quality brand of silver sprayed in the upper nasal area, knocked out the worst viral cases of flu, when nothing else worked.
- How medicine was more effective and less harmful when supplements were included.

The many benefits of nutrition (e.g. vitamins A, C, D, E, minerals and EFAs in balance, enzymes, and other nutrients); acupuncture; TCM (Chinese medicine); naturopathy; herbal medicine; massage; aromatherapy/essential oils; identical hormones; stem cell; energy; light and sound; yoga; and tai chi; are all scientifically well documented. And, most of them have a long history. Again, one has to ask how can the MBA properly regulate these therapies when they (MBA) have not been properly educated in these fields? It would be like me trying to regulate doctors. Each modality of health care requires knowledge from professionals in that sector.

The profession of Nutrition alone requires many years of study to properly comprehend this important science. It is the core of good health that enhances all other medical treatments, including conventional medicine. Without good nutrition no amount of money, drugs, medicine, guidelines, or therapies in the world will succeed. Unfortunately, most doctors and regulators have little if any training in clinical nutrition! Plus, testing blood is not reliable for nutritional deficiencies in other body parts, and the blood changes from hour to hour.

Statistics clearly reveal that the current medical care system is not working. It is rapidly worsening because of all the voids. Thus, we have a spiralling out of control sickness-care system instead of a good health-care system. Adding insult to injury are industry implanted regulators who are biased, have conflicts of interest, and/or lack the knowledge and wisdom to accept other modalities of medicine that are more in harmony with the laws of Nature!

The use of acupuncture has immense benefits in a medical practice. For example: acupuncture is very effective in alleviating pain (back, joint, injuries) and nausea; healing a painful frozen shoulder and various injuries; normalising rapid heart beats from an over active thyroid; treating autoimmune diseases and Parkinson's; strengthening the immune system; and relieving anxiety. When applied with good nutrition the outcome is even greater. Plus, patients can go back to work sooner because there are no drug side effects

Having worked as an executive for a medical school, enabled me to work closely with medical doctors. Again, I witnessed first hand the benefits of collaboration and combining allopathic medicine with complementary medicine, natural therapies, and nutrition. In fact, I would not be alive today were it not for nutrition and complementary medicine. Team effort among the different health practitioners produces the best outcome for all involved.

Over the years, many doctors came to me for help. Doctors need good nutrition knowledge more than most professions because of their high stress level and unhealthy work conditions.

Well educated, world renowned practitioners know that there is a need for complementary medicine and natural therapies, and that they often achieve better results without drug side effects. Many of these experts have produced best-selling books and documentaries. Hence the name 'complementary.' Surely, the MBA knows that one size doesn't fit all?

Pursuing a one-size-fits-all pharmaceutical protocol is highly unethical and dangerous!

Drugs are not the panacea for everything. Restricting Australians from having freedom of choice with their health care; censoring important discussions or information; and preventing doctors from making educated doctor-patient decisions are not only insulting to everyone's intelligence, it is medical tyranny at its worst! It also promotes a very sick society and an unsustainable medical sickness-care system: certainly not a good, affordable health-care system or "good health practice!" The only benefactors of this kind of policy would be the pharmaceutical industry and various people and/or political parties who are rewarded with large contributions. Fact: The media's largest income comes from pharma advertising. Get the picture?! This creates too many conflicts of interest. Surely, this is not what you want for your reputation or legacy?

Doctors and other health professionals who embark on additional education and training for complementary fields of health care and/or emerging treatments, do so for good reasons. Removing these options would be seriously stifling and handicapping Australian doctors, the Australian medical system, and patient options. Already, many Australians travel overseas seeking other medical options, less costly procedures, and/or higher standards of medical care and treatments that are not available in Australia. Emerging treatments (e.g. stem cell, etc.) have immense potential in the field of medicine. Stifling these treatments will only force more Australians to seek them elsewhere.

Option 2 proposes to lump all different professions, therapies, and treatments into one category. This is unethical, unprofessional, unsafe, and wrong. Each of the different categories require different oversight, but by professionals educated in each of those professions. Most of those professions already have their associations with oversight. Thus, the MBA should focus on improving the current medical care system; new and emerging medical treatments and devices; medications being prescribed; and the pharmaceutical companies pushing them. Keep in mind that the pharmaceutical industry is the most highly sued industry for fraud and harm!

Dr. Warburg, Dr. Albert Szent-Gyorgyi and Dr. Linus Pauling were awarded Nobel prizes for their work in natural medicine. Why would the MBA further hinder Australian doctors from reaching these high standards and professional achievements?

In my 50 years of practice, I have never seen anyone harmed from professional use of natural, complimentary, or what you call unconventional medicine. Quite the opposite! However, I have seen many people seriously harmed and a great deal of suffering and death from iatrogenesis in conventional medicine. Most doctors, with their many years of education and hard work, are not idiots who need to be rigidly controlled and muzzled. Plus, medical treatments should always be between a patient and their doctor: not mandated or restricted by government regulators. Thus, I **strongly support Option 1**.

Thank you for taking the time to read my lengthy submission. Please see Part 2 pertaining to your Qs and my As.

Sincerely,

██████████, MPH Nutrition

██████████

24 Jun 2019



Executive Officer, Medical Board of Australia
AHPRA, GPO Box 9958
Melbourne, VIC 3001
medboardconsultation@ahpra.gov.au

RE: Public Consultation on Complementary, Unconventional Medicine, and Emerging Treatments Qs & As

RE Options 1 & 2

There are already enough regulations and MBA Good Medical Practice Codes of Conduct rules in Australia. In addition each profession has its own education standards for licensure, association guidelines, and code of conduct.

Areas that understandably need additional oversight:

Influence in government and regulatory agencies

Medical commercialisation

Conflicts of interest

Off-Label prescribing and use of drugs

Over prescribing and over-use of antibiotics and other drugs

New drugs, devices, and medical treatments.

False advertising

Under rigid regulations and controls:

Australian doctors are often treated like imbeciles or children that need to be rigidly controlled or scolded by the system. This is not only insulting to their education and intelligence, but it also hinders high standards, quality education, advancement, a good health system, safety, and the health and wellbeing of everyone. Also, it encourages thousands of Australians to seek alternative options in other, more medically advanced, less restricted countries. Worse, there is a real lack of support for good nutrition and prenatal care. Is this deliberate, ignorance, or because of conflicts of interest and special interests?

In addition, patients are treated like idiots who know nothing, constantly need protection from regulators or government, and are not allowed freedom of choice with their health care. Biochemical individuality is ignored and the masses are often treated with a one-size-fits-all protocol, which is both dangerous and highly unethical.

Additional concerns:

- . 'which may be unnecessary' is determined by who?**
- . 'access to more effective treatment options' is determined by who?**

Every profession has its share of misconduct or harm. Cases of misconduct or harm mentioned by the MBA are minimal compared to the immense harm being caused from medication overuse and side effects, misuse; a diet of refined sugar, sugary drinks, junk food, and damaged fats/oils; fluoridation; and agriculture chemicals. Yet, these are not even mentioned, let alone being addressed by the MBA.

Some of the recent statements and rulings against natural therapies are biased and clearly not accurate. Decisions, claims, and statements against different therapies are being made by people who have no education in those fields. Specific research and history of use of these therapies are deliberately being avoided. Is this and/or some of the complaints because of professional self interest to protect their own turf?

The Board is inviting feedback on the issues and options outlined in the discussion paper.

1. Do you agree with the proposed term 'complementary and unconventional medicine and emerging treatments'?

Depends on the specific use and factors involved for the first two terms and yes for emerging treatments. See my explanations below.

If not, what term should be used and how should it be defined?

Everything referred to by the MBA for both complementary and unconventional medicine is not always medicinal. They can also be used as complementary or unconventional therapy. It depends on the factors involved in their use.

Plus, the term "unconventional" medicine for some practices, such as Traditional Chinese medicine, acupuncture, naturopathy, herbalism, light and sound therapies, etc. is misleading. These practices are more accurately "traditional" medicines because they have been used in medicine, by millions of people, for hundreds and even thousands of years; long before the use of allopathic medicine came about. They should be labelled as such and not controlled by or compared with conventional medicine. They are different types of medicine or treatments. Each one has its value depending on the circumstances.

<https://en.wikipedia.org/wiki/Herbalism>

Archaeological evidence indicates that the use of [medicinal plants](#) dates back to the [Palaeolithic age](#), approximately 60,000 years ago. Written evidence of herbal remedies dates back over 5,000 years.

The [World Health Organization](#) (WHO) estimates that 80 percent of the population of some Asian and African countries presently use herbal medicine for some aspect of primary health care.

According to the World Health Organization, approximately 25% of modern drugs used in the United States have been derived from plants.^[13] At least 7,000 medical compounds in the modern pharmacopoeia are derived from plants.^[15] Among the 120 active compounds currently isolated from the higher plants and widely used in modern medicine today, 80% show a positive

correlation between their modern therapeutic use and the traditional use of the plants from which they are derived.^[16]

Nutrition, it is not a medicine but ‘the process of providing or obtaining the food necessary for health and growth.’ It is a category of its own. ALL modalities of medicine and health care, benefit and achieve a better, safer outcome when applied in combination with good nutrition.

The term “Emerging” treatments is suitable for those identified.

2. Do you agree with the proposed definition of complementary and unconventional medicine and emerging treatments – ‘any assessment, diagnostic technique or procedure, diagnosis, practice,⁴ 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?

No. This definition is biased, far too general, controlling by one protocol, and inaccurate. Also, it erroneously lumps everything together. Plus, it denigrates anything other than conventional medicine and gives the impression that they are all either useless, harmful, or of a lower standard than ‘conventional/allopathic’ medicine and drugs. Each one has its value that deserves respect.

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’? If not, how should it be defined?

No, if you mean they (complementary and unconventional) warrant more controls with Option 2. This is over-reach that will do a lot of harm over the long-term. (numerous examples already mentioned). Emerging treatments is a separate issue.

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?

Not with well educated practitioners, but with the proposed regulations and current archaic restrictions with what can be stated and published to better educate and help inform consumers/patients about these areas of health care and products.

Each emerging medical treatment or device should be assessed individually, on its own merit, by those educated in that field.

The Board has not addressed the huge increase of drugs being prescribed to Australians and the harm that is occurring from these drugs.

Also, there is a major (deliberate?) hindrance of good nutrition knowledge and education.

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

No, for what you call 'complementary and unconventional medicine' because of the large amount of information already available and the skills and education of the practitioners providing these therapies, and their own Boards and the use of people's own brains.

Emerging medical treatments and devices, without a history, may obviously need some safeguards. Each one should be assessed individually by those who have knowledge of them. The best safeguard in all areas of medicine and health care is through unrestricted, unbiased, independent information and education easily accessible, and websites with pros and cons feedback by real people/patients (e.g. various medical websites).

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

Absolutely! There is a great deal of independent evidence and data available that the Board, obviously, has never researched. If others can find it, surely the MBA can do the same. The best place to start is at the schools that are teaching degree programs for these other professions and therapies. Just like you would do with any other profession. Also, you can do a search OL and in the library. Start with Clinical Nutrition. Every doctor and Medical Board needs to learn about clinical nutrition if they want to be a good practitioner and make wise decisions. The profession of a Health Coach is now big business in the US and elsewhere because it greatly helps alleviate the rising burden, failure, and cost of medical/sickness care system. If the Board has never studied any of these other therapies or professions, in all honestly, how can they properly regulate or fairly judge/control them? A few examples are:

<https://www.acam.org>

<https://www.amac.org.au/>

www.bastyr.edu/NaturalMedicine

<https://www.acnt.edu.au/courses>

<http://www.greenmedinfo.com/>

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?

YES!

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

Not properly. This is an over-reach of the Board into areas they have not been educated in. Option 2 appears to be a power grab by big pharma to control all aspects of Australia's health industry. This is a common occurrence from time to time. There are plenty of methods already in place to address any of those issues identified.

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?

Option 2 is medical tyranny that would stifle freedom of choice in health care and the health and wellbeing of millions of Australians. Plus, it would force Australians to go overseas to seek these complementary/alternative options elsewhere. Option 2 is unsustainable. Thus, it should NOT be adopted.

10. Are there other options for addressing the concerns that the Board has not identified?

Yes. Lift restrictions of evidence based information; education; professional and patient pros and cons of therapies, treatments, and products. People also need to take more responsibility for their health.

TAX products (both food and chemicals) that cause illnesses and disease. That way people still have freedom of choice, but they pay for their own sickness care from their choice of lifestyle/diet.

11. Which option do you think best addresses the issues identified in relation to medical practitioners who provide complementary and unconventional medicine and emerging treatments?

- 1 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.
- 2 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*.

Definitely, OPTION 1.

Background

The Medical Board of Australia (the Board) is considering options for clearer regulation of medical practitioners who provide complementary or alternative medicine and other related areas of practice.

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. In particular, 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.

Complaints/concerns from who? Each one should be addressed individually.

The Board agreed to look at this area of practice, to determine the concerns and issues, define the size and nature of the issues, and scope potential options for addressing these concerns.

This discussion paper provides an overview to facilitate consideration and discussion of the issues and options.

Definition

The term 'complementary and alternative medicine' is in common use. However, this term, as it is generally used, does not clearly include all the areas of medical practice about which concerns have been raised.

There is no widely accepted definition of complementary and/or alternative medicine.

NOT TRUE! Current definitions of similar terms include:

Complementary health care

- non-evidence based care (Medical Council of New South Wales, 2015)¹

Complementary medicine

- therapeutic good consisting of designated active ingredients (as per Therapeutic Goods

Administration (TGA) list) (TGA, 2013)²

- a wide range of products and treatments with therapeutic claims that are not presently considered to be part of conventional medicine (Australian Medical Association, 2018)³
- not within the domain of conventional medicine (National Health and Medical Research Council, 2014)⁴
- a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system...it includes all such practices and ideas self-defined by their users as preventing or treating illness or promoting health and well-being (National Institute of Complementary Medicine)⁵

This indicates that the MBA is trying to control of all other health care professions and modalities under one system. Many of these are very different professions.

Complementary and alternative medicine

- not generally considered part of conventional medicine (College of Physicians and Surgeons of Ontario, 2011)⁶

- not integrated into the dominant health care system (WHO, 2004)⁷

'Complementary medicine' and 'alternative medicine'

The top two sources (College of Physicians and Surgeons of Ontario, 2011 and WHO, 2004) you quoted are outdated sources: over 8 and 15 years old respectively.

Much more knowledge is now known and accepted. Plus, many changes have taken place since then.

o complementary medicine is that which is used together with conventional medical practice whereas alternative medicine is used in place of conventional medical practice (Clinical Oncology Society Australia, 2013)⁸

An accurate description

Integrative medicine

o a philosophy of healthcare...combining the best of conventional western medicine and evidence-based complementary medicine and therapies within current mainstream medical practice (Australasian Integrative Medicine Association).⁹

Appears to be an accurate description.

Examples of complementary and alternative **medicines** that are commonly considered to fall within the definitions above include; vitamins, minerals and nutritional supplements (in the absence of a deficiency), **NUTRITION is NOT medicine! It is a separate profession**

herbal medicines, homeopathic preparations and aromatherapy products.

Trying to lump all these into one category shows how little the Board knows about each of these nutrients, professions, and therapies. They are all very different.

Nutrition and nutrients, which includes minerals, vitamins, enzymes, nutritional supplements, etc.) are NOT medicine. Nutrition is the process of providing or obtaining the food and necessary nutrients for health, growth, and development. Not being a medicine, nutrition and nutrients should not be classified as such. How can a Board or doctor who has never studied nutrition determine a deficiency or imbalance? We all know blood can change from hour to hour and does not show deficiencies or imbalances in other parts of the body, so that is not a reliable way to test. Plus, blood can show normal, but the organ or tissue can be deficient or contaminated. Besides, taking blood tests all the time to determine a deficiency or imbalance would be overly costly and impractical.

And in fact, the application of good nutrition benefits ALL other modalities of medicine. Doctors who apply nutrition or work with a real nutritionists (different from dieticians) will have far better outcomes and less side effects with their medical treatments and patients. Hence, everyone benefits. Applying good nutrition with medical treatments should be encouraged, NOT restricted. Also, doctors who recommend basic nutrition should NEVER be threatened and censored as was done to that doctor [REDACTED] who simply and rightfully told his patient to improve his/her diet. What happened there shocked many in the rest of the world who thought this was tyrannical and very ignorant of the regulatory Board that did this

Herbal supplements, homeopathic preparations, and aromatherapy products are complementary treatments, quite different from nutrition and medical

treatments. It depends on what they are used for to determine how they should be applied. Aroma therapy, which has been in use for thousands of years, is also not a medicine. It is a complimentary therapy that has many applications, which are usually quite harmless. It would be unethical to classify all of these therapies as such without defining all the factors and details involved. Because each of these therapies are different they should be governed by professionals in these specific fields. It would be unethical for a medical Board to try and regulate or even set up guidelines for a profession that they know nothing about. It would be like an aroma therapist trying to regulate a medical doctor. Most doctors are NOT nutrition experts or herbalists.

Naturopathy, Homeopathy, Energy medicine are also a very different professions that require many years of education and experience. These could be classified as complementary therapies or medicine.

It is well known that from time to time, the pharmaceutical industry aggressively attempts to control all other modalities of health care under the guise of 'protecting the public.' This power grab has been going on for many decades and is unacceptable in a free society.

Examples of complementary and alternative **therapies** that are commonly considered to fall within the definitions above include; homeopathy, naturopathy, energy therapies and Reiki.

Some of these could be complementary therapies and some could be alternative therapies depending on the different conditions and factors involved. It would be bad practice and unethical to try and lump them all into one category to regulate with a one-size-fits-all protocol.

Some definitions of complementary and/or alternative therapies include the regulated health professions of chiropractic, osteopathy, Chinese medicine and acupuncture.

Again, these are separate professions that should only be regulated by educated professionals in each of these categories. How can anyone regulate a profession they have never studied?

Other areas of clinical practice where concerns have been raised but which do not fit within the definitions of complementary and/or alternative medicine as defined above, include:

diagnosis of conditions which are not generally accepted, for example: o Lyme disease (in patients who have not been outside Australia)

unconventional diagnostic techniques and methods, for example: o applied kinesiology
o pathology testing in non-accredited laboratories conventional medicines and accepted therapies provided outside accepted therapeutic guidelines

or protocols and/or without usual clinical indications including off-label use, for example:
o long term antibiotics in the absence of identified infection

Assessment on all the above examples depend on the details of each case involved.

o hormone therapy and supplements in the absence of a hormone deficiency/identified therapeutic need

This should be assessed by those educated in this field. The current Australian medical profession significantly lacks knowledge in this area, while it has advanced elsewhere. Hence, bio-identical hormone therapy, which many women and men are benefiting from.

o stem cell therapy for conditions without supporting evidence for their use

<http://www.thehealingmiracle.com/new-hope-for-back-pain-sufferers/>

University of Pennsylvania researchers believe that they have found a solution (STEM CELLS) to intervertebral disc degeneration, a common condition frequently leading to severe neck and back pain.

o chelation therapy for conditions such as cancer or cardiovascular disease new and emerging therapies.

This should be assessed by those educated in this field. The current Australian medical profession significantly lacks knowledge in this area, while it has advanced elsewhere.

In addition to 'complementary' and/or 'alternative' medicine, the Board has considered a number of other definition issues so as to ensure that all the relevant areas of practice are captured:

- 1 unconventional medicine
- 2 off-label prescribing¹⁰
- 3 experimental practice
- 4 unproven therapies
- 5 emerging therapies
- 6 innovative therapies
- 7 entrepreneurial medicine
- 8 progressive practice.

Depends on what these labels are used for. Understandable concerns for the Board. However, some of these therapies are not new. Also, knowledge on supplements needs to greatly improve. Australia is way behind and costs involved here are much higher than elsewhere. Numerous important therapies are being stifled to everyone's disadvantage

Guidelines may help ensure that consumers have the information to make informed choices about complementary and unconventional medicine and emerging treatments.

Each profession already has their guidelines. Regulatory guidelines don't inform. They restrict as a form of regulations! What informs best is easy access to unrestricted, unbiased information by independent sources without conflicts of interest. People are not as stupid as some are insinuating.

Setting guidelines by those who have no education in these other treatments, modalities, or professions is highly unethical and puts patients and consumers at risk.

Guidelines that define good practice for complementary and unconventional medicine and emerging treatment:

Definitions of these two terms are already clearly defined in most dictionaries. Unfortunately, the guidelines proposed in Option 2 would also be used to restrict and control everything under one system. Therefore, all these claims are WRONG.

- 1** ☐ would not reduce consumer choice
- 2** ☐ would not restrict medical practitioners' practice
- 3** ☐ would not result in significant cost increases for consumers or medical practitioners
- 4** ☐ would not restrict existing, accepted practice that may fall within the definition of complementary and unconventional medicine and emerging treatments
- 5** ☐ would not stifle innovation or clinical research and trials.
- 6.** For consumers this should include improved safeguards and access to better information while still enabling choice.

What the MBA proposes will have the opposite effect on all the areas mentioned above. In fact, they would most certainly restrict medical practice, increase costs for consumers and practitioners, suppress and stifle innovation, new treatments, research, clinical trials, higher standards, and reduce consumer choice.

Currently, there are already too many restrictions that are suppressing valuable information that could educate patients and consumers instead of keeping them in the dark. The high cost of testing patients and products is also an issue. Thus, more information and freedom of choice are needed, not more regulations that are called guidelines. Patients should be encouraged to take more responsibility.

Accepted by who? While some Guidelines are good and needed, some of what is called Guidelines are often used to regulate, which history has shown does in fact reduce, restrict, increase costs, stifle innovation, trials, and clinical research.

Most medical doctors, health practitioners, and consumers are NOT idiots. They are usually capable of sensible thinking and protecting their patients, themselves, and their children far better than government regulators who often use a unethical, unsafe 'one-size-fits-all' policies/protocols. Most professionals and consumers research something well before proceeding. Every profession has its share of crooks or incompetent individuals. When exposed, they are soon dealt with accordingly.

If anything needs more oversight, guidelines, and regulations it is the following:

- The over prescribing and excessive use of pharmaceutical drugs/medications and the harm they are causing. Far more information and guidelines are needed for drug use, which is clearly out of control in Australia! Of the OECD countries, Australians are the most heavily medicated. And, the pharmaceutical industry is the most highly sued and fined for fraud and harm;**
- The huge amount of PAC money being paid to politicians and political parties to buy influence for approval or regulation of drugs; (This needs to stop!)**

- **Drug advertising in the media, which then prevents the media from reporting unbiased, important information about drugs, their side effects, and harmful chemicals. (This also needs to stop).**
- **And, what about the cancer causing chemicals used in agriculture?**
- **The junk food/drink industry and the impact it is having on our children's health, and each new generation. All the refined sugar and damaged fats and oils in our food are having a terrible impact and contributing to the epidemics of obesity, diabetes, heart disease, cancer, teen suicide, etc. Where is the MBA protection on these life and death issues?**
- **Refined sugar is another serious issue the MBA should be addressing!**

<https://www.sbs.com.au/ondemand/video/511635011977/the-sugar-conspiracy>

The Sugar Conspiracy | SBS On Demand

This compelling investigative documentary exposes the US sugar industry's systematic hijacking of scientific study to bury evidence that sugar is, in fact, toxic. For forty years, Big Sugar deflected threats to its multi-billion dollar empire through creative PR and tactics strikingly similar to the way the tobacco industry disguised the fact that its products are addictive and cause fatal illnesses. As obesity rates skyrocket and doctors treat the first generation of children suffering from fatty liver disease, the sugar industry has come under increasing scrutiny from emerging scientific and medical studies. While the industry steps up its advertising spin and lobbying efforts, this film warns that we are sitting on a dietary time bomb.

The best thing the MBA can do is allow professionals and manufacturers of the different emerging treatments and products the freedom to provide all the pros and cons information along with real reviews, just like many professional medical or health care website elsewhere do. Allow doctors and consumers to make their own wise decisions about what is good or bad for patients, individuals, and their families. Do you ever view these informative sites? If something is not up to standard, word soon gets out. Then, if good practice protocol is violated, regulatory agencies can step in.

For medical practitioners, there would be clear, nationally consistent guidance about the Board's expectations of medical practitioners in relation to the provision of complementary and unconventional medicine and emerging treatments. While some medical practitioners would need to review their processes and practices, the guidelines are expected to have a minimal regulatory impost.

Clearly, this is a big overstep by the MBA to regulate and control areas they have no education in, and thus, know little if anything about. Health professionals in all these different fields already have clear guidelines from their education and professional associations. Over regulation is the obstacle. Also, this would be insulting to a doctor's intelligence.

-
7. The Board is using the comprehensive description 'complementary and unconventional medicine and emerging treatments' in its consultation. The reasons for using these terms are:

- 1 'complementary' to include practice such as herbal medicines and homeopathy – those commonly thought of as 'complementary and alternative

medicine'

Makes sense. But, keep in mind the differences between ...'medicine' and 'therapy.' All the more reason why it is important for these decisions to be made by those who have been educated in these fields.

- 2 'unconventional' to include conventional treatments provided outside conventional protocols (such as long-term antibiotics for Lyme-like illness)

There is good reason for concern and to regulate long-term use of antibiotics for any disease. However, most educated practitioners are now aware of the harm from overuse and long-term use of antibiotics. Some claim that Australia is in the dark with regard to all the factors and knowledge involved in different types of tick (Lyme) disease. Hence, the controversies. Not my area of expertise.

- 3 'emerging' to include new and experimental treatments such as the expanding use of stem cell therapy.

This is an area that has immense potential, but also some risks. Thus, it should be explored, researched, and taught by those who are educated in this field of medicine. Applying the 'precautionary principal' should always be balanced with advancing this field. A lot of good stem cell work is already being done overseas. For example, stem cell knee repair produces a far better results and is much less costly than knee surgery. See info on links above RE The University of Pennsylvania.

8. The following working definition is proposed:

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.

It is not good practice to lump all this in one category. Good practice knows that much depends on the specific conditions, treatments, tools being used, and biochemical individuality. Each one should be assessed on an individual basis. A one-size-fit-all protocol is not good practice. Also, conventional medicine has some serious flaws that need to be addressed. Medical history has shown the regulators have always had a strong resistance to admitting their mistakes/errors, correcting flaws, and change for the better.

Most importantly, who decides these things matters! Bias, conflicts of interest, and commercial gain are concerning, should be addressed, and avoided. Pharmaceutical industry influence is the largest offender in this area.

Providing as much information as possible, all the pros, cons, risks involved, etc. from an independent source (not pharma), like some of the medical websites do, is the best approach. Then, consumers and practitioners can go to the site and do their own research for what is best for them specifically. We will always need doctors, but some of their burden needs to be alleviated. People need to take more responsibility for their health and well being.

Each emerging treatment or device should be in a category of its own and then assessed on an individual basis. More reasons why such additional guidelines are not good practice.

While some aspects of Australia's health care system are good, other areas have notoriously lagged behind, especially in the area of nutrition, which is to the disadvantage of every Australian and future generations. Areas of complementary medicine and therapies are being over regulated by people who have never been properly educated in those areas. Professionals using these therapies and treatments are restricted and being treated like idiots who have no education in their field.

The areas mentioned in the MBA are immense. Surely, the vast number of medical school graduates, who pass their exams, are ethical and know how to conduct a practice. What the Board proposes with Option 2 is 'control' of every aspect of a health practitioner's practice.

If a patient and/or practitioner/doctor has access to all the information available in the areas identified, then they can make wise and informed decisions.

While some of the emerging treatments mentioned are reason for concern, other areas that have been in use for hundreds of years do not need more regulations.

Professional misconduct, conflicts of interest, and/or commercial exploitation are different issues that should be addressed separately and accordingly within the current laws.

Medical Board of Australia *Good medical practice: a code of conduct for doctors in Australia*

National Health Practitioner Boards' *Guidelines for advertising regulated health services*

Australian Competition and Consumer Commission (ACCC)

There is not enough competition, which would greatly help raise standards and improve the outcomes.

Therapeutic Goods Administration (TGA)


Professional associations

While highly educated and achieved in their specific fields, none of the MBA members are educated in the professions that they propose to set new Guidelines and restrictions for. In addition, statistics clearly indicate that the current conventional medical system is failing in many areas. This is precisely why so many people are turning to complementary, alternative and traditional therapies, and integrative medicine. They are safer and often more effective than conventional medicine. Plus they have proven the test of time. Thus, instead of trying to restrict or control these other beneficial therapies, treatments, and integrative medicine, the MBA should focus on other areas where statistics show the system is failing, such as iatrogenesis. OPTION 1 one is

the only sensible choice that should be adopted.

Because of the vast amount of issues involved and time limits, there may be some repetition in this part of my submission. Sorry about that. Areas not commented on are areas out of my scope to assess or comment. OK to publish but please REMOVE personal data and my contact.

Thanking you sincerely,

 **, MPH Nutrition**

From: [REDACTED]
Sent: Sunday, 23 June 2019 3:48 PM
To: medboardconsultation
Subject: Fwd: Consultation on complementary and unconventional medicine and emerging treatments

I am happy for my submission to be published on your website provided any identifying information is removed.

I choose Option 1: “no new regulations are required for doctors practising in the areas of complementary medicine and integrative medicine.”

While the guidelines appear to have arisen from a desire by the Medical Board of Australia (MBA) to protect patients from harm, they overlook the many, many patients who benefit from complementary or unconventional medicine, or emerging treatment and how vital these treatments may be for their well-being.

I have chosen to see Integrative Medicine doctors because:

1. I am a very sick patient and my GP felt my condition had gone beyond his expertise and capacity and recommended that I would be better served by an integrative doctor.
2. Conventional medicine provided no answers about why I was sick and I needed medical care with a wider range of diagnostic and treatment options.
3. Due to the complexity and lack of understanding of my disease, I need more time from my doctor and more understanding of causes of illness. I need more power to understand the ways in which I can manage the symptoms of my illness and improve my health. My Integrative Medicine doctor provides longer appointments to more deeply understand my chronic, serious and complex medical condition. The 10 minute Medicare consultations work for simple illnesses but not for mine.
4. Integrative medicine has enabled me to go from being bed bound with a severe neuro-immune disease, to housebound, to recovering to 50% of my prior-to-illness-onset function. This has include Vitamin B12 injections, Low Dose Naltrexone, various supplements, gluten free and FODMAP diets and medical acupuncture .
5. Complementary medicine has provided me with pain relief in ways that enabled me to avoid drugs with serious side effects and also unnecessary surgery. Medical acupuncture reversed my carpal tunnel syndrome. This was substantiated through pre and post nerve conduction tests. Medical acupuncture has provided me with significant and long lasting pain relief for sciatica, frozen shoulder and severe arm pain due to cervical disc degeneration. Off label Low Dose Naltrexone has also provided me with significant pain relief from severe myalgic pain due a neuro-immune condition.

I have concerns about the proposed regulations because:

1. Integrative medicine is not fringe alternative medicine. It is practised by fully qualified doctors WITH ADDITIONAL SKILLS AND TRAINING. I believe such additional skills and training should become part of standard medical training.
2. There are many instances historically where clinical medical practice took time to catch up to research breakthroughs. Clinical trials cost huge sums of money and pharmaceutical companies are not willing to spend money on these if they see insufficient profits. One example is the use of Low Dose Naltrexone in autoimmune conditions, Crohn's, MS, and cancer. LDN is a very safe drug but with no profit incentive for clinical trials in different diseases.
3. Integrative medicine is preventative as well as reactive. There is no demonstrated need to regulate Complementary Medicine or Integrative Medicine. These are safe practices that need no further regulation. Where any practices are shown to be demonstrably unsafe, the MBA should ensure practitioners are informed and educated about this.
4. The Medical Board of Australia's (MBA) only concern in this process is, and should be, safety. The Chair has said this publicly. The existing guidelines cover all the issues which the MBA identified as needing to be addressed. The MBA also provided examples of complaints which have been upheld against doctors practising integrative, complementary or unconventional medicine, or emerging treatment, suggesting that the existing guidelines are providing sufficient protection for the public. Questions about how effective Complementary Medicine and Integrative Medicine is should be a decision left to patients.
5. The proposed guidelines are likely to have unintended consequences which will impact the ability of patients to access appropriate care, and impact patients' freedom of choice. I believe these guidelines will disproportionately affect people with illnesses for which there are no safe evidence-based treatments and for which conventional medicine has little to offer. I am concerned that these guidelines will increase the burden on those doctors practising Complementary Medicine or Integrative Medicine, and may discourage doctors from practising in this way, or increase patient costs of accessing these treatments, which is likely to result in increased harm to patients.
6. I am especially concerned about patients having reduced access to helpful treatments, and losing freedom of choice in their care. I also believe that it is better for patients to access treatments through doctors, a profession which is already well-regulated, than turning to other health professionals who will be less well-regulated and could therefore pose greater risk of harm to patients.
7. I am aware that there are members of political lobby groups opposing Complementary Medicine and Integrative Medicine within the MBA, such as the Friends of Science in Medicine. This is a clear conflict of interest. The Medical Board of Australia should cancel the

current consultation and begin a new consultation with all current and past members of the Friends of Science in Medicine lobby group excluded from Board participation.

6. I am deeply concerned that there has been no transparency in consultation process. I am informed that Freedom of Information requests as to how these proposals originated have been denied or redacted. The Medical Board of Australia needs to explain why it has acted in secrecy. What does it have to hide? This does not foster trust in the MBA process nor its motives in proposing the new regulations.

[REDACTED]

From: [REDACTED]
To: [medboardconsultation](#)
Subject: MBA Submission; "Public consultation on complementary and unconventional medicine and emerging treatments"
Date: Sunday, 30 June 2019 9:32:53 PM
Attachments: [REDACTED]

Dear MBA,

Please find a Submission to the board as per the following:

Also if you can give a receipt of Acceptance of this submission.

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

Released: 15 February 2019

Closes: 12 April 2019

Please note: This consultation has been extended until 30 June 2019.

- [Public consultation on complementary and unconventional medicine and emerging treatments](#) (330 KB,PDF), [Word version](#) (713 KB,DOCX)

The Medical Board of Australia 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.

Please provide written submissions by email, marked: 'Public consultation on complementary and unconventional medicine and emerging treatments' to medboardconsultation@ahpra.gov.au by **30 June 2019**.

Submissions to this consultation may be published on the AHPRA website. There may be circumstances under which submissions may not be published. Published submissions will include the names of individuals and/or organisations that made the submission unless confidentiality is requested.

[REDACTED]

[REDACTED]

[REDACTED]

SUBMISSION TO MBA

Public Consultation on complementary
and unconventional medicine and
emerging treatments



1. Confidentiality is requested in this submission as it is the view of myself, and my view does not represent the view of any organisation. My personal view may be in fact the view of others but too afraid to submit their view. I have used the February 2019 Public consultation paper produced by the Medical Board to produce this submission. This paper is available to all members of the public. You have my permission to reproduce this submission, but my name must be kept confidential.
2. Without prejudice, I wish to submit a submission to the Medical Board of Australia (MBA). As the MBA appears not capable of making a decision about areas in which they are not qualified. The MBA reason to exist is the regulation of medical practitioners and their safety to patients. It is to the patient stakeholders, the MBA should show its concerns and not the stakeholders of Medicine, people that belong to FSM, and hide behind a 'charity', people of Choice magazine, the TGA, the pharmaceutical and vitamin companies. They should not be involved in order to be transparent and fair to the patient stakeholders.
3. Some patients want to go to their medical practitioner to receive treatment for their presenting condition. This should be the same treatment all over the country. However, a large number of patients seek other care. Care that appears to affect people who support the MBA. The patient in 2019 is just not satisfied anymore with reactive treatment to conditions. The patient wants answers, wants options, and wants hope and this is just not being provided by a profession who is expert in only one area only, Medicines. Patients are seeking to be healthy and remain healthy and not just take medication so they can continue with all their bad habits.
4. It has already been outlined by the MBA that the use of complementary medicines generated \$3.5 billion annually. This really has to hurt the MBA, and the people behind this inquiry as it is \$3.5 billion not going to the MBA. It makes this about money, and not patient safety.
5. The MBA needs to change the definitions to remain relevant. Complementary 'medicines' should be known as Complementary 'therapy.' The term medicine means a pill or medication used to treat an actual condition. People do not take health supplements to 'treat' conditions. So, to call vitamins and supplements a medicine is just not accurate. The patient understands this, it is staggering that the MBA appears to not understand this, or simply says that they don't understand it.

6. MBA has produced a statement on the second page of their Public Consultation paper and it reads; ***“The board is considering options for clearer regulation of medical practitioners who provide complementary or unconventional medicine or emerging treatments. Concerns have been raised by stakeholders about this area of practice suggesting that additional guidance for medical practitioners is needed to support safe practice and ensure safeguards for patients”*** This statement is really error laden. It talks about ‘concerns have been raised by stakeholders’ Surely these should be patients, by this statement, or it would be best to say ‘some stakeholders with vested interests’ Who also says that this is ‘complementary’ or ‘unconventional’ The word ‘Integrative’ has not been included.

7. Medical practitioners are some of the brightest people in their profession. Just like other Health professions, they are also the brightest in their professions. These thinking people should be able to decide for themselves. The almighty dollar however has serious effects on the practitioner’s approach. Look at insurance. Why is it more expensive to go to anyone with insurance claims? They will increase the fees because it is being paid by someone else. Yes, it supposed to cover paperwork, but it really doesn’t. Some paperwork to insurance, is not charged.

8. There is really only one option: This is OPTION 1 ***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*** However you need to change the words ‘complementary’ and ‘unconventional’ treatment. It should say: *Retain the status quo of providing general guidance about the Board’s expectations of medical practitioners who provide **integrative care** and emerging treatments via the Board’s approved code of conduct*

9. In relation to the Questions for consideration on Page three of the Public Consultation Paper:
 - 9.1 I have already outlined the terms of ‘Integrative’ and ‘care’ It is simply arrogant to think of this care as ‘Complementary’ to medicine. It is completely separate health care. If the Medical practitioner want to refer to anyone, it should not be dictated by the rules of the MBA. After all the Medical practitioner has the patients’ best interest at heart. *The word ‘Complementary’ is used too frequently and is inappropriate*
 - 9.2 I agree with this definition mostly: the word ‘Approved’ should be removed. It should read; ***‘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.'

- 9.3 Yes with a change in the words as outlined.
 - 9.4 No except the words as outlined.
 - 9.5 Safeguards are in place already. There is the oath: "Doctor do no harm"
 - 9.6 There is evidence of little to no harm when compared with traditional care
 - 9.7 Option 1 is all that is required
 - 9.8 No; there is no need for more guidelines.
-
10. The word 'Complementary' really needs to be abandoned. The word 'allied' is also a word that needs to be abandoned. There is only Medical care and there is 'Other care', this should be described as Occupational care, Dietary Care, Musculoskeletal care, Chiropractic care, Orthopaedic care and medical care really should be only used to describe medicines and pills and traditional medical care. After all this is what patients call it!

 11. Page 4 of the Discussion paper of February 2019 talks about Lyme disease. List that disease if you must, but don't condone practitioners who want to treat it. The same as calling 'pathology tests in non-accredited laboratories' and 'applied kinesiology' as 'unconventional' this wording is unconscionable. Call it as it is. Exactly the same for the long term antibiotics and hormone therapy and supplements.

 12. Stem cell therapy, 3D printers, chelation therapy, prolotherapy **provide hope to the stakeholders, the patient stakeholders** whom MBA serve. All of the definitions should be listed • unconventional medicine • off-label prescribing • experimental practice • unproven therapies • emerging therapies • innovative therapies • entrepreneurial medicine • progressive practice. Why are Stem cell practices growing? They are providing results to patients.

 13. As long as commercial interest are discussed and disclosed to patients it is up to the patient to make decisions in their best interest. We do not want the MBA to encourage Medical Tourism to other countries but this is exactly what will happen. Issues raised and concerns raised are all very wishy washy. They are in place to serve those with a vested interest. Patients don't look at clinical trials. They use their feet and they use that quickly. The list of concerns about therapies (on page 7 of the Discussion paper) are just concerns of people not qualified to have those concerns.

14. To have patients go overseas for that therapy is ridiculous. The MBA needs to list ownership of particular therapies and list the therapies which are not endorsed by MBA. The practitioner wants to help the patient to get better while the MBA by proposing this paper is appearing to be not concerned about patients
15. This statement; ***“vulnerable patients (including patients with mental health conditions) who have tried conventional medicine and are willing to try anything are at risk of exploitation and unnecessarily exposed to risk of harm.”*** Doesn't address this issue. If they have tried Conventional medicines as stated, they are entitled to try other area. Conventional medicine doesn't have anything to offer and because it doesn't, Conventional medicine is prepared to say other therapies are exposing the patient to risk. What a load of rubbish!
16. Stem cell and PRP, prolotherapy, gene therapy, need to be placed as Experiential as far as the MBA is concerned. To say they have expertise in this area is simply false. Cosmetic therapy is up to AHPRA and MBA to police.
17. Cannabis needs to be prescribed as a medication if under the control of a GP. I'm not sure of the driving regulations. This is an area for MBA or TGA. Gyms are not regulated by the MBA but Growth Hormone and Melotan can be easily controlled.
18. Under-reporting to a GP is seen as a necessity by the Patient. “My GP doesn't believe in” is enough for the patient to be under reporting. It is part of the modern age patient and can be covered by intake forms and privacy forms. Complaints to the board and to AHPRA have dealt with all of these complaints. To use this as a reason for imposing new conditions is not acceptable. To call autologous cell and tissue a drug is simple a corrupt use of power.
19. Position statements are simply statements. Somehow, they have become beliefs, but only beliefs of a few elected members. RACGP make edicts and ACRRM picks up those people. Position statements (such as those on page 15 of the Medical board of Australia discussion paper) are fraught with danger. Usually these statements are made by those who are the least qualified to pass an opinion, but think they are the most qualified.
20. It is up to the health practitioner to give dietary advise and not be penalised by MBA. It is also up to the health practitioner to give advice re exercise, if they want to, refer to whoever they want, for whatever treatment they want, refer to any registered or unregistered health professional, and to have their patients be enrolled in trials, such as stem cells and PRP. It is not up to the MBA to cover every aspect of health care in 2019, in the 21st Century.



[Redacted text line]

[Redacted text line]

[Redacted text line]

[Redacted text line]

[Redacted text line]

[Redacted text line]

Submission to Medical Board of Australia Inquiry into Complementary, Unconventional and Emerging Treatments. (CUET)

22-4-19

The Discussion Paper is fairly comprehensive and the proposed changes to regulation are generally supported. (Support Option 2).

Comments on the discussion paper.

The definition should include some reference to evidence based health care, as this is the core differentiating feature.

A clinician who presents themselves to the community as a doctor should expect the community has expectations of their practice being based on evidence and best practice. When a member of the community goes to see a medical practitioner, particularly as a primary care provider, (ie not by referral) they have a reasonable expectation that they will be provided with well informed, evidence based care unless there is a clear and overt process of explaining that the practitioner does not practice “conventional or evidence based care”. To not make the distinction at the point of the patient contacting the service is a form of “holding out” i.e. misleading the patient by allowing them to assume that they are going to see a doctor in the normal meaning of the term in the community. This point does not appear to have been captured in the discussion paper.

If practitioners practice as medical doctors, they should be judged against professional standards applicable to standard professional medical practice. That ... “Is it of a standard which might reasonably be expected by the public and professional peers?”

I do not believe making misleading claims/ statements about the effectiveness of CUET is consistent with professional practice.

Comments on the draft guidelines:

1.1.2: It is going to be beyond most regular medical practitioners to significantly consider any CUET in every management plan. This is because: the names given the various tests/ therapies and approaches is often changing, new treatment constantly being created, the amount of detail the patient can give is often very limited and the rationale for its use often too vague to engage with. It also takes considerable time, which the patient didn't plan on paying for. Patients are often reluctant to engage in conversations about their alternative concurrent treatments. The guideline should make it clear what a realistic expectation is for covering 1.1.2.

7.7.4: The CUET practitioner should be expected to communicate their testing and management rationale to the patient's usual doctor, unless there is a clear reason not to, such as the patient requests it not be communicated. This is similar to the expectation of communication between a specialist or allied health practitioner and a GP. The term “if applicable” is too open to this not being done. This could also help expose the CUET or Integrative Medicine practitioner to mainstream peer contact and review, as is normal practice.

Other related comments:

The RACGP has a faculty of special interest for integrative medicine. The College being a member organisation is therefore likely to be hamstrung in being supportive of the proposed Option 2. Many practitioners would assume the RACGP will put a strong case for evidence based care and tighter regulation of CUET. This is likely to reduce the number of supportive submissions from practitioners who would support option 2, as they may assume the RACGP will act on their behalf, in their interest.

My contact, as a GP/ academic, with integrative medicine practitioners leaves me believing them to be mostly well meaning, enthusiastic but incapable of discerning quality evidence from bogus evidence, and deeply immersed in a world of shared and self –reinforcing opinions about CUET approaches. Many are likely to not be capable of accurately describing the balance of benefits and harms compared to conventional approaches, even though the new guideline would require it.

Anecdote:

I have patients who have wasted tens of thousands of dollars on care provided by Integrative Medicine practitioners, with the patient unable to identify and benefit. There is no accountability or action taken against the IM practitioners for the waste of patient money or MBS resources. The expensive ineffective treatments only end when the patient gets frustrated and seeks another opinion or can no longer pay.

From: [REDACTED]
Sent: Sunday, 30 June 2019 10:22 PM
To: medboardconsultation
Subject: feedback on complimentary medicine

Dear medical board,

I am a medical professional well educated in the Australian medical system. I have 2 bachelor's degrees to supplement my medical career that has spanned across many different speciality areas.

Fro the majority of my life I have been a high functioning, completely healthy, fit and ambitious individual, achieving well in both my work and study with not a care in the world. Then I fell acutely ill and underwent extensive investigations over multiple years by numerous different conventional doctors, including multiple highly regarded specialists. None of these doctors were able to help with either diagnosis or treatment to improve my health.

Eventually I was fortunate enough to come across a complimentary medical practitioner who did some further investigations, and provided me with an evidence based treatment plan.

From being seriously ill and unable to work with no help from conventional doctors, I am now much better and steadily progressing on the path to normal health again. All of this has been possible because of a complimentary medical practitioner who practices in evidence based complimentary or 'unconventional' medicine.

I believe that evidence based complimentary medicine can make a huge difference to the quality of life and outcomes for people with many different diseases, especially the ones that are less understood by conventional medicine or conventional medicine is limited in what they can do. I have personal evidence of this.

Placing further restrictions on these doctors will be detrimental to the health of an extensive number of people who benefit from these treatments where conventional medicine has been unable to help. It will also place additional financial strain on the government as vast numbers of people who would have regained their health through complimentary medicine will instead by reliant on ongoing welfare payments and long term personal care as their health declines. This will add an increased burden to our medical system.

I respectfully ask the medical board to maintain the status quo in this area of medicine and continue to protect the human rights of Australians to freedom of choice for their medical care.

Kind Regards,

A patient brought back to health through evidence based complimentary medicine

29 June 2019

To whom it may concern,

The following is a submission in response to the public consultation on clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments.

I am the mother of two children who's lives have been changed. Here is our story...

Diagnosis/Symptoms

Child 1

Mild Intellectual disability; Dyspraxia; learning difficulties; Sensory Processing Disorder; anger outbursts (resulting in violence); oppositional defiance; anxiety; inability to cope with change; aggression and unhappiness; digestive issues; pale complexion; fatigue; foggy brain.

Child 2

Motor Tics; Mild Intellectual Disability; Dyspraxia; Obsessive Compulsive Disorder; learning difficulties; Sensory Processing Disorder; severe expressive and receptive language delays; anxiety; pale complexion; foggy brain; fatigue; digestive issues.

Treatment

Over the course of seven years my children saw three different conventional Paediatricians (two private and one through government), at a frequency of every six months and then yearly. Each consult consisting of height and weight measurements, and a family discussion. Each time being told there was little, even nothing, that could be done, it was simply their destiny in life.

The children also saw multiple General Practitioners (GPs), a Clinical Geneticist and an Immunologist. All of them conventional doctors and none of whom were able to help, they hadn't a clue!

Symptoms progressively got worse.

We **WASTED PRECIOUS TIME** with conventional doctors. Then through word of mouth we found a General Practitioner (GP) who practiced Integrative Medicine. So, I booked the children in.

After three years of treatment with the Integrative GP....

Progress Following Integrative Medical Intervention

Child 1

Significantly improved intellectual function and capacity to learn (moved from LSU to mainstream); Dyspraxia and Sensory Processing Disorder still present but has improved.

The following issues have TOTALLY disappeared: anger outbursts (resulting in violence); oppositional defiance; anxiety; inability to cope with change; aggression and unhappiness; digestive issues; pale complexion; fatigue; foggy brain.

Child 2

Significantly improved intellectual function and capacity to learn (almost functioning at grade level); Obsessive Compulsive Disorder still present but only very mild; Dyspraxia and Sensory Processing Disorder still present but significantly better; expressive and receptive language improved considerably.

The following issues have TOTALLY disappeared: Motor Tics; anxiety; pale complexion; foggy brain; fatigue; digestive issues.

Through using what the Medical Board of Australia considers complementary and unconventional medicine and emerging treatment the Integrative GP has transformed the lives of my children. My children are happy and full of life, they confidently embrace all opportunities that come their way. My children now have a bright and productive future. Three years ago, the prognosis for my children was vastly different.

What I Want

Our journey with the Integrative GP has cost us tens of thousands of dollars. This is symptomatic of an inadequate and biased medical system and NOT a reflection of an Integrative GP's motives!! If I could wave a magic wand then I wish for a medical system that subsidises the testing, treatment and medicine recommended and used by Integrative GP's. The testing, treatment and medicine offered through our Integrative GP has been absolutely essential in the treatment and management of my children.

At no time have I felt the treatment administered/recommended/prescribed by the Integrative GP was excessive or unwarranted. At no time have I felt that tests were excessive or unwarranted. At no time have I felt misled.

To cut a long story short, please do not restrict Integrative GP's from doing their unique work. Please do not take our choice away.

I will NEVER take my children back to a conventional medical practitioner. In the absence of an Integrative GP I will diagnose and I will treat.

We are happy with the status quo and therefore support OPTION 1.

Yours Sincerely,

A very concerned parent.

From: [REDACTED]
Sent: Saturday, 23 March 2019 10:11 PM
To: medboardconsultation
Subject: Re- tick-borne illnesses

To Whom it May Concern,

I am an international medical student with a tick-borne illness (contracted in [REDACTED]).

I am also an academic, and formerly held a faculty job at a university in [REDACTED].

While I cannot speak with authority on anything mentioned in the proposed guidelines aside from tick-borne illnesses, as a patient, an academic, a medical student, and future health care practitioner, I am very concerned that the information in this report regarding tick borne illnesses and their treatment is not fully aligned with peer-reviewed academic publications.

I support regulating many of the items proposed in this list, but I do not - as an academic or patient - support the regulations suggested regarding Lyme disease.

If these regulations were to come into place, I would need to return to my home country for safety & treatment (which recognizes Lyme disease & allows the prescription of long-term antibiotics to treat diagnosed cases - as is reflected as being appropriate in many peer-reviewed articles). As a potential future doctor in Australia, assuming the future published information does not suggest long-term antibiotic usage in the future is inappropriate for tick-borne illnesses, or if a more effective treatment is found, I'm concerned with my potential limitations to serve those with tick-borne illnesses.

Moreover, as I am sure you are aware, there has been a strain of borellia identified in Australia; it is my understanding that it is currently unclear as to if this could result in a borellia infection in humans, and that many Australians believe that they have a borellia infection. It would be reckless for me to say - without research, knowing the patients, or finishing my medical training - that these people do, in fact, have a borellia infection; however, I do believe, as an academic & social scientist, that it is inappropriate to dismiss the patient narrative of the disease without further investigation as to if this strain of borellia could cause disease in Australians.

Balancing patient narratives with our current scientific understanding of this disease/reported symptoms is difficult; the research is emergent, and therefore effective treatment options are speculative & extrapolated from the treatments for other strains of the bacteria overseas. However, instead of prohibiting physicians from using evidence-based research & clinical judgements to diagnose & treat (what I believe to be) an emerging disease, I propose a comprehensive review of peer-reviewed academic publications, and investigations of the found strain of borellia in Australia.

In closing, I propose removing any references to tick-borne illnesses from the proposed regulations. First, I believe physicians in Australia are capable of using clinical judgment & evidence-based research to make decisions to treat their patients without further regulation. Secondly, I do not find some of your statements to be aligned with the majority of peer-reviewed publications on tick borne illnesses. Finally, I believe that restricting physicians in Australia to use their clinical judgment to treat their patients (who they believe have tick borne illnesses) would result in many people (including me) to go overseas for treatment; this has significant negative social & economic consequences for both people living in Australia & the country we collectively form.

Thank you for your consideration.

- M

— you may publicize my words, but please treat any matters pertaining to my identity as confidential; please remove anything that may be identifying from this statement.

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

Medical Board of Australia

Public consultation paper – February 2019

Reference/ Page	Issue	Comment
Page 2 of Public Consultation Paper	Proposed - Definition of 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.	<i>Suggested: Definition of 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. Dispassionate evaluation of peer-reviewed evidence based risk-benefit must be complied.</i>
Page 2 of Public Consultation Paper	The options in developing this proposal	<i>Option preferred by stakeholder:</i> Option 1 - 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.
Questions for consideration		
Question		Answer
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?		<i>See Comment above</i>
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		<i>See comment above</i>

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

Medical Board of Australia

Public consultation paper – February 2019

Reference/ Page	Issue	Comment
	addition to, or instead of, conventional medicine. This includes unconventional use of approved medical devices and therapies.’ If not, how should it be defined?	
	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’?	<i>The nature and extent of issues identified in the Discussion Paper seems reasonable. These issues would continue to be satisfactorily addressed under the current status quo. Particularly as per the current Good medical practice: a code of conduct for doctors in Australia, current Australian Consumer Law, and current oversight of “complementary medicines” by the TGA which ensures the safety of these products. Further, the investigation and educational activities of the NHMRC in the field of complementary medicine shall continue to mitigate risk exposure to the public.</i>
	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?	<i>Tighter regulations, to those that already exist to ensure patient safety, may have the opposite effect of exposing patients to greater danger. This would occur by more restrictive regulations unintentionally encouraging patients to seek alternative therapies without properly licensed and trained medical oversight.</i>
	5. Are safeguards needed for patients who seek ‘complementary and unconventional medicine and emerging treatments’?	<i>Patient safeguards would continue to be met by the current status quo, as discussed in the comment to questions 3 above.</i>
	6. Is there other evidence and data available that could help inform the Board’s proposals?	<i>I would defer to other experts in this field would be able to demonstrate via a comprehensive literature review, the safety of current complementary medicine practice.</i>
	7. Is the current regulation (i.e. the Board’s Good medical practice) of medical practitioners who provide complementary and unconventional medicine and emerging	<i>The current regulation is adequate to address the issues identified and to protect patients.</i>



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

Medical Board of Australia

Public consultation paper – February 2019

Reference/ Page	Issue	Comment
	treatments (option one) adequate to address the issues identified and protect patients?	
	8. Would guidelines for medical practitioners, issued by the Medical Board (option two) address the issues identified in this area of medicine?	<i>New guidelines, as proposed, may add no additional value to the current regulations that currently exist to ensure patient interests and safety.</i>
	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?	N/A
	10. Are there other options for addressing the concerns that the Board has not identified?	N/A
	11. Which option do you think best addresses the issues identified in relation to medical practitioners who provide complementary and unconventional medicine and emerging treatments? <ul style="list-style-type: none">• 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.• 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.• Other – please specify.	<i>Option 1</i> best addresses these issues to current medical practitioners who provide such services.

From: [REDACTED]
Sent: Thursday, 2 May 2019 4:51 PM
To: medboardconsultation
Subject: Consultation on complementary and unconventional medicine and emerging treatments.

Submission to MBA Consultation document on complementary and unconventional medicine and emerging treatments

I am 37 years old and my address is [REDACTED]. I have been struggling for more than 10 years with Irritable bowel syndrome (IBS), Restless legs syndrome (RLS) and depression. For years and years, I looked for help in the conventional medicine. In 2017 I went to 3 different GPs, 1 neurologist, 1 psychiatrist and 1 gastroenterologist. The diagnosis was always inconclusive and they just treated the symptoms with antidepressants and pills to sleep. After this long and painful journey I was lucky enough to found an integrative health practitioner and I had the opportunity to address my health problems properly. After a comprehensive assessment, long conversation about my history and health, and tests, the doctor was able to address not just the symptoms but also the causes. When I found an integrative health practitioner, I had the opportunity to have my health assessed in an holistic way and it was found that I had parasites (probably for years).

How is it possible that dozens of “conventional” doctors who saw me in the past never tested me for that? It is just unbelievable...

With an integrative approach I treated my parasites, learnt how to eat properly and healed my gut, I made a few changes (improvements) in my lifestyle (e.g. limited sun exposure and exercise everyday) and I also took the needed supplements to re-balance my system again (Mg and Vit D). Today I feel healthy again and all my previous health problems are addressed and in the past. I feel better than ever, physically and mentally and these benefits were also extended to my family and friends.

I really believe in integrative medicine (IM) and it will be the future. There is nothing like “one fits all” and IM approach allows patients to be treated as unique and in an holistic way.

In my opinion, we need to change the perception that doctors practicing Integrative Medicine are risky for the patient. An Integrative Medicine doctor is lifesaving after years of no improvement in our health. Although costly at first if the result is a great improvement in lifestyle then the benefits far outweigh the cost.

In my personal case, I had dozens of “15 minutes/ \$70” appointments that brought me nowhere in the conventional medicine... and If I sum all my previous costs up, it was much more expensive than a successful integrative medicine consultation. I advocate that doctors should not be penalized for a long consultation as that is the only way an Integrative Medicine doctor can find out all the information necessary for a clear diagnosis and individualized treatment plan. They actually should be rewarded and not penalized.

I hope my opinion can be heard and helps the medicine to pursue the best pathway for the patients!

Best regards



From: [REDACTED]
Sent: Sunday, 30 June 2019 2:57 PM
To: medboardconsultation
Subject: FW: Consultation on complementary and unconventional medicine and emerging treatments

From: [REDACTED]
Sent: Sunday, 30 June 2019 2:38 PM
To: 'medboardconsultation@aphra.gov.au' <medboardconsultation@aphra.gov.au>
Subject: Consultation on complementary and unconventional medicine and emerging treatments

The Executive Officer
Medical

Thank you for the opportunity to comment on options for regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments.

Neither of the two options presented offers the best way forward for promoting good medical practice, protecting patients and safeguarding wider public interests.

There are aspects of practice across the spectrum of practitioners that warrant the greater attention and regulatory support the proposed guidelines are intended to provide. The guidelines draw a line that would prove counterproductive, by signalling that staying within the bounds of conventional medicine is sufficient for good practice and proper conduct. The guidelines would also result in an undue focus of available regulatory resources on consequentially easy targets, allowing practices potentially causing greater harm to remain unaddressed, and would create unfairness where comparable conduct is not dealt with on the same basis.

The framing of the guidelines renders the important areas of guidance partial in their scope and reach. It would seem more widely beneficial to develop a comprehensive set of guidelines elaborating each of the major elements of the Code of Conduct, rather than creating a flawed divide between ill-defined approaches to medicine.

Regards

[REDACTED]
(Please do not publish my name)

From: [REDACTED]
Sent: Sunday, 30 June 2019 3:30 PM
To: medboardconsultation
Subject: Public consultation on complementary and unconventional medicine and emerging treatments

I choose Option 1 – 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.

When my regular GP ran out of ideas to test for I was offered no further options or supportive treatments despite being unable to even briefly stand unaided or walk for 6 months as a child. It was the use of integrative and complementary medicine that helped me to regain the use of these functions. At other times I have been made sicker by conventional medical treatment. It has been integrative doctors who have not only pointed me towards effective non drug treatments but who also when needed have taken the time to work out the safest and most effective pharmaceutical medications for my needs. I access a range of healthcare practitioners, including a local GP for simple matters, however without the in-depth approach of the integrative medicine doctors I have seen over the years many of my more complex health needs would have gone untreated. 10 minute consultations are inadequate for making and reviewing the more comprehensive health care plans that meet my needs.

Integrative medicine has an excellent safety record. Which is all the Medical board should be concerned with. Many of the patients who seek out integrative doctors are suffering from conditions for which there are limited or no established effective treatments. It is their right to be able to access medical practitioners who can safely guide them through any possibilities that may help their specific case. In the past this type of care has at times also led to establishing effective conventional treatments for a number of conditions. Without it the progress towards effective treatment for emerging illnesses would be much slower.

[REDACTED]

I request that any identifying information be removed if my submission is selected to be published.

Response to the Medical Board of Australia's request for public consultation on regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments.

SUMMARY

This is a submission objecting to Option 2 which the board has put forward in relation to regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments. The term “less widely used” is a less emotive and more accurate term than “unconventional”. I will use the term “non-conventional” in this submission for convenience.

The providers of these treatments are qualified and registered medical practitioners who have specialised training in using complementary treatment including compounded medications, in addition to their basic medical training.

The question is why there is a need for Option 2 when Option 1 provides the necessary guidelines for ethical and competent practice for all medical practitioners.

As a physiotherapist and long-term patient of an ethical integrative medical practitioner, the concern is that extra regulation of these practitioners, beyond that in the medical code of conduct for all medical practitioners, may restrict the treatment options that these practitioners are currently able to offer their patients.

Changes may restrict the ability of medical practitioners to keep prescribing compounded hormones, which I have been using successfully for a number of years for treatment of menopausal symptoms and osteoporosis under the monitoring of my doctor.

For me they are a very effective alternative to conventional pharmaceutical options which have not been suitable for me. Inability to access this treatment through my doctor would be detrimental to my health, quality of life and ability to continue to work.

This submission :-

1. In considering Option 2, addresses the onus on the board to show clear and unbiased evidence of more adverse effects from complementary / non-conventional treatment compared with conventional treatment, including the contribution of doctor error and poor patient compliance. [Page 4].
2. Addresses the board's concerns about financial issues related to complementary/non-conventional treatment. [Page 4].
3. Addresses rights of choice. Patients have a right to choice in their medical treatment and are able to make good decisions when well informed, which is essential in any medical treatment as none is without risk. [Page 5].
4. Provides more detail of my personal experience and informed choice of this type of treatment in the light of the research. This speaks especially to some of the concerns the board may have about compounded products and the pharmacies that produce them. [See pages 2-4].

Date 28th June 2019

email

Phone

..2

28th June 2019

To Whom It May Concern,
Medical Board of Australia,

INTRODUCTION

This is an objection to Option 2 which the board proposes for regulation of medical practitioners who provide complementary and non-conventional medicine and emerging treatments.

Medicine is an art as well as a science, the art being in applying the science to a particular individual when the doctor has sufficient knowledge and experience, there is adequate explanation of options and informed consent from the patient, as well as close clinical monitoring and adjusting or changing treatment as necessary. This is simply part of good ethical medicine, whether using conventional or complementary/non-conventional treatment.

The concern is that Option 2 will lead to limitation in the current range of treatment options available for patients.

PERSONAL EXPERIENCE / CONCERNS

Compounded Hormones

Under the care of an integrative medical practitioner, my menopausal symptoms and early onset osteoporosis have been successfully managed with compounded hormone replacement. The possibility of not having access to this treatment is worrying.

Compounded hormone treatment has been chosen, in preference to conventional replacement, after careful discussion with my doctor and explanation of options and ongoing risks and benefits, given my medical history. Conventional HRT does not work for me and after studying the research I do not want to take conventional osteoporosis medications as the quality of bone produced is questionable, given that they mostly work on disrupting normal bone remodelling to produce greater bone density but not necessarily quality. The compounded hormones work very well for me. In particular the addition of a small dose of bioidentical testosterone in the last couple of years has been very effective in improving my bone density [with good bone quality as measured at the Austin - TBS score] and my muscle weight [which in spite of resisted exercise and good diet was low], as well as my menopausal symptoms.

Monitoring and Other Specialists

My doctor monitors me through regular follow- up clinical assessment, blood tests and urinary hormone metabolites, occasionally adjusting hormone doses if necessary, I do not have any adverse side-effects from my treatment and all my biomarkers are excellent. The hormones give me better sleep, clearer thinking, better sexual function and more energy to continue my work.

My doctor also sends me to other specialists as necessary including for breast monitoring and uses conventional medicine where appropriate.

PERSONAL EXPERIENCE / CONCERNS contd

Compounding Pharmacy

I note the argument about the possibility of lack of accuracy in dosage of compounded products. Surely this concern can be alleviated by ensuring all such pharmacies adhere to quality control standards of practice. These are recognised professional pharmacists, who are specifically trained in compounding and offer products very specifically adjusted to an individual patient's needs, which pharmaceutical companies do not produce. Like all health professionals, they are subject to their professional code of conduct and practice.

Furthermore, any inaccuracy in dosage should be picked up through good clinical assessment by the prescribing doctor, when the doctor is skilled in using these products. There has never been any clinical indication or evidence that the doses of my compounded hormones are not accurate as prescribed.

I note that compounded bioidentical progesterone is used for IVF treatment at [REDACTED] hospital, so the accuracy of the compounding is clearly considered to be satisfactory in this case.

Supplements

My integrative doctor also prescribes certain mineral and vitamin supplements as part of my treatment, based on research and in relation to regular blood test results, together with lifestyle education and advice. Some of these particular supplements are not available from conventional pharmacies.

I have discussed all of this treatment with my conventional GP, who is supportive of the logic of my choices and acknowledges how the treatment is positively affecting my health.

Restricting my integrative medicine doctor's choices to use compounded hormones and supplements would have a detrimental effect on my health, quality of life and ability to continue to work.

RELEVANT RESEARCH EVIDENCE ON HORMONES

I want to continue to take the compounded hormones for as long as possible to manage my ongoing menopausal symptoms and to improve and prevent my bones deteriorating.

I prefer to use bioidentical hormones as my body will at least recognise the chemical structure of the substance as familiar and research supports the safety of bioidentical oestrogen as used in the patch and micronised progesterone, with the strong suggestion that bioidentical progesterone is safer than a non-bioidentical progestogen.

Research also shows that non-oral [not swallowed] routes of administration are safer.

I cannot use a bioidentical oestrogen patch, as this kind of administration through the skin doesn't work for me and creates unacceptable itching.

I have found use of troches for administration of bioidentical hormones through the mucosa of the mouth to be a very good option for me.

Up to date there is little specific evidence from large-scale RCT trials of the compounded hormones, but that is largely due to lack of funding. As I understand it, the pharmaceutical companies largely fund the research and they have a vested interest in studying only those medications they can patent and produce in bulk.

RELEVANT RESEARCH EVIDENCE ON HORMONES contd

The art of medicine involves extrapolating from the research when another alternative is required for a particular patient, providing the doctor is knowledgeable and skilled in the use of such alternatives, which are some of the same substances which have been studied in large-scale trials. I am aware of a concern about progesterone possibly not being sufficiently absorbed in compounded form to prevent endometrial hyperplasia with oestrogen replacement. However, it has certainly been effective in preventing any hyperplasia in myself as shown on pelvic ultrasound after several years of treatment and I do not want to take the oral micronised progesterone capsules. Skill in prescribing appropriate dosages by a doctor who is experienced in using compounded hormones is a key factor here.

There has been substantial good research on the safety of bioidentical testosterone treatment for women [1], however it is not available from pharmaceutical companies. More research on its use for treatment of menopausal symptoms and osteoporosis is needed. However, there has been little interest in this in the last few years.

The stakeholders, women, must be able make an informed choice about their treatment with regard to type of hormone replacement. Informed choice is always the standard of good medical treatment, together with appropriate ongoing monitoring of the patient.

FINANCIAL CONCERNS

In terms of financial issues, the board is concerned about possible conflict of financial interest with some integrative practitioners and the prescribing of certain products. There is also concern about any possible conflict of interest with conventional medical practitioners and pharmaceutical companies. This is surely addressed by the board's code of conduct for all medical practitioners in Option 1.

The board is also concerned that patients are paying too much for complementary and non-conventional treatments. Surely patients have the right to spend their own money as they see fit when properly informed.

EVIDENCE OF HARM

In terms of considering Option 2, the onus is on the board to show that there are more incidences of independently documented adverse effects from complementary/non-conventional treatments than there are from conventional medical treatments, as well as whether they are related to doctor error or poor patient compliance. There are many instances of adverse reactions to conventional medications which have been through RCT research, often requiring hospital admissions and sometimes with fatal results. A particular treatment cannot be regarded as harmful unless there is sufficient evidence to show that it is so when used appropriately by ethical and competent doctors and compliant patients. If treatment is not given in this manner then Option 1 again provides a way of dealing with this through the board's current code of conduct for all medical practitioners.

Why is Option 2 needed when Option 1 provides the guidelines and processes necessary to ensure the medical board can monitor and regulate ALL medical practitioners?

RIGHTS OF CHOICE

A major concern is that Option 2 would restrict the scope of practice of ethical medical practitioners with specialised training in integrative medicine and limit the choices of their patients such as myself. The board's code of conduct needs to be applied in the same way to all medical practitioners, both integrative and conventional and Option 1 provides a way of dealing with any unethical practice for all practitioners.

Patients have a right to choice in their medical treatment and are able to make good decisions when they are well informed, which is essential whatever the treatment offered as there are risks in any treatment.

In conclusion, I request that the board retain Option 1 and not restrict a doctor's use of compounded medications or supplements when these are medically justified. In my view this would be a backward step for ethical and scientifically informed innovation and consumer choice in medicine.

Yours sincerely,

██████████ - Physiotherapist, Registration number ██████████

[1]Glaser, Rebecca and Dimitrakakis, Constantine. Review – Testosterone therapy in women: Myths and misconceptions Maturitas 74 [2013] 230-234