RACGP

Royal Australian College *of* General Practitioners

Submission to the Medical Board Australia Public consultation paper: Complementary and unconventional medicine and emerging treatments

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RACGP submission to the Medical Board Australia

Contents

Key recommendations

1. The RACGP supports the use of the term 'integrative medicine', which encapsulates evidence-based complementary medicines and therapies.

2. The RACGP recommends delineating the scope of integrative medicine from alternative, unconventional and experimental medicine and therapies.

3. The RACGP supports encouraging patients to discuss their use of complementary therapies with their general practitioner.

4. All practitioners of complementary therapies should provide patients with full disclosure on the evidence base, and any associated risks.

Executive summary

The Royal Australian College of General Practitioners (RACGP) thanks the Medical Board of Australia for the opportunity to provide comment on the consultation *Clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments*.

The RACGP strongly supports this undertaking to clarify the scope of complementary and unconventional treatments. There is a recognised need for clearer guidance on evidence-based practice, informed decision-making and prevention of harms, relating to the use of complementary medicines and therapies.[1]

General practitioners (GPs) are best placed to take individual patient circumstances into account and provide unbiased guidance to patients. In addition, GPs maintain comprehensive records and education to understand the medical implications.

The Royal Australian College of General Practitioners

The RACGP is Australia's largest medical organisation, representing more than 40,000 members who provide more than 154 million general practice services each year to more than 24 million Australians. The RACGP's mission is to improve the health and wellbeing of all people in Australia by supporting GPs, general practice registrars and medical students through its principal activities of education, training and research and by assessing doctors' skills and knowledge, supplying ongoing professional development activities, developing resources and guidelines, helping GPs with issues that affect their practice, and developing standards that general practices use to ensure high-quality healthcare.

The RACGP draws the Board's attention to our Contextual Unit on integrative medicine in the Curriculum for Australian General Practice. The RACGP also has a Faculty of Specific Interests which includes an Integrative Medicine Specific Interest Network with considerable expertise on the use of evidence based complementary medicines and therapies in primary care.

Specific feedback to the consultation questions are provided below.

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?

The RACGP notes the background discussion of the guidelines regarding definitions of the terms 'complementary and alternative medicine' and acknowledges that there is no widely accepted definition of complementary and/or alternative medicine. However, it is important to clarify what is meant by each of these terms and to not conflate the terms 'complementary' and 'unconventional' medicine.

The RACGP preference is the term '**integrative medicine**', referred to in the RACGP Curriculum as:

> *" …the blending of conventional and **evidence-based** natural and complementary medicines and/or therapies with lifestyle interventions to deliver holistic, patient-centred care. The overarching aim of integrative medicine is to use the most **appropriate, safe, ethical and evidence-based modality(ies)** available, with a particular focus on prevention and lifestyle interventions. This practice is informed by evidence and patient preference, and enables a broader range of therapeutic options and disciplines to be made available for patients to achieve optimal clinical outcomes"*

For the purposes of the RACGP curriculum, complementary medicine refers to:

> "…*evidence based therapies and medicines that are not conventionally used by doctors, but which may complement medical management and thus be successfully integrated into medical practice*".

The RACGP does not support the definition proposed by the Medical Council of New South Wales, 2015, which defines complementary health care as "non-evidence based care", and nor does the RACGP support the working definition of 'complementary and unconventional and emerging treatments, as this groups complementary medicine with therapies that are experimental and unproven.

The RACGP promotes an evidence-based approach to complementary and integrative medicine. Therefore, integrative medicine does not include the use of therapies that do not have sufficient scientific evidence to support safe use in clinical practice, which is inferred by the term unconventional or experimental.

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 addition to, or instead of, conventional medicine. This includes unconventional use of approved medical devices and therapies.'
>
> If not, how should it be defined?

The RACGP does not agree with the proposed definition, which conflates complementary medicine with other modalities including unconventional use of approved medical devices and therapies. This definition incorrectly positions complementary medicine, for which an evidence base does exist, with unconventional (and therefore mostly unproven) use of medical devices and therapies.

In response to the proposed definition provided by the Medical Board, the RACGP recommends that the following definition be used:

> *'Complementary medicine refers to evidence-based therapies and medicines that are not conventionally used by doctors, but may complement medical management and be successfully integrated into it - whether the therapy is delivered by a doctor or a suitably trained complementary medicine practitioner'.*

This excludes alternative medicine, which refers to therapies used instead of conventional medicine, and also excludes unconventional and experimental use of approved or unapproved medicines, medical devices and therapies.

The appropriate use of evidence-based complementary medicine in conjunction with conventional medicine is not the same as inappropriate use of conventional medicine. The former is an example of evidence-based practice, the latter is not.

The RACGP considers that therapies such as: stem cell therapy; unconventional diagnostic techniques such as applied kinesiology and thermography; long term antibiotics in the absence of identified infection; spinal manipulation in children; and other new and emerging therapies are not included in the scope of complementary medicine and therapies because of questionable evidence and the possibility of harm.

The RACGP has a clear position statement on the use of investigations deemed not to be clinically appropriate.

3. Do you agree with the nature and the extent of the issues identified in relation to medical practitioners who provide 'complementary and unconventional medicine and emerging treatments'?

The RACGP acknowledges that a number of complaints have been received about the inappropriate use of some therapies. Upon scrutiny of the details of the complaints that were received, many of these fall outside of what the RACGP considers to be the scope of integrative medicine. For example, the prescription of anabolic steroids, hormones in non-deficiency states, and stem cell therapies are not within scope.

Other concerning practices described in this section (including anti-ageing cosmetic regenerative medicine) are not within the scope of either complementary or integrative medicine. The RACGP recommends the discussion around complementary medicine use and other therapies be clearly distinguished and the distinction between the terms 'alternative' and 'complementary' medicine be made clear. Integrative medicine does not overlap with alternative medicine.

The RACGP suggests that the focus of this document should be on 'alternative, unconventional and experimental medicine' and clearly state that this lies outside of integrative medicine.

The current discussion document raises a number of important issues:

- unknown safety and efficacy
- unnecessary treatment
- delayed access
- potential for adverse side effects
- indirect harm from delays in accessing other treatment or from promises of 'false hope'
- harm that may be physical, psychological and/or financial

- varying qualifications and expertise
- not having specialist level of knowledge
- blurred lines between research and commercial advantage
- financial conflicts of interest not disclosed
- expense of treatments
- patients may be vulnerable to exploitation
- patients not understanding potential risks

The RACGP maintains that many of the above issues are general in nature and relate to ethical conduct, not specifically to unconventional care or integrative medicine. These are addressed in the and the RACGP's competency based curriculum.

4. Are there any other concerns with the practice of 'complementary and unconventional medicine and emerging treatments' by medical practitioners that the Board has not identified?

A significant driver for the incorporation of integrative medicine into the RACGP general practice curriculum is a rising community interest in integrative therapies. The majority of general practice patients in Australia regularly use or have used complementary medicines and/or integrative therapies as well as conventional medicines. These are often not discussed with their GP.[2-5]

Not disclosing complementary medicine use may increase the risk of interactions with prescribed medications and presents a missed opportunity to make informed decisions about appropriate complementary medicine use. GPs utilising effective communication in a non-judgmental, patient-centred therapeutic relationship is key to reducing the risk of non-disclosure as outlined in the RACGP Core skills curriculum.

There are various reasons why patients may choose to use complementary medicines, and therefore it is important that these reasons can be discussed with the GP. Reasons include: experiencing adverse reactions to medication; contraindications to surgery; or personal philosophical choices. As GPs it is important to weigh the safety, risks, efficacy and respect for patient choice with clinical decisions and utilise a patient-centred, evidence-based approach to good clinical care.

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

One hallmark of quality patient care is the comprehensiveness of care that is only provided with the knowledge of the patient's medical history. The provision of 'complementary' or 'unconventional' or any other treatments by medical practitioners outside of the patient's usual general practice poses additional risks to the quality of patient care.

The RACGP strongly advises encouraging patients to discuss complementary medicine use with their GPs to ensure safe and balanced decisions are made, and to avoid potentially harmful drug interactions. It is important to raise awareness amongst all medical practitioners of the importance of discussing complementary medicine use with patients, and provide guidance on where to access reliable scientific information about the potential benefits and risks of treatments.

Furthermore, the provider of any complementary, unconventional medicine or emerging therapy should:

- inform patients of the evidence base for the treatment (or lack thereof)

- inform patients of the relative efficacy of the treatment
- inform patients of the risk of any harms associated with the treatment
- inform patients of any risks associated with delaying treatment of the underlying condition, such as delaying chemotherapy to undergo an unconventional treatment.
- discourage the use of supplements that are not listed or registered on the Australian Register of Therapeutic Goods
- have knowledge of important interactions and side effects from commonly used complementary medicines.

The RACGP considers that these safeguards should not be separate to the current Board's Code of Conduct, as these safeguards should apply to all medical practitioners, and as such these have been incorporated into the RACGP curriculum.

In addition to the above, health policy should also aim to safeguard quality patient care. For example, Medicare should not support unproven and potentially harmful therapies.

The RACGP also notes some concern over the improper use of the protected title of 'doctor' This causes confusion to patients and more should be done to ensure proper use of this title. The RACGP has previously proposed that a 'lack-of-evidence disclaimer' must immediately follow any unsupported health claim.

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

As outlined previously, the RACGP Curriculum Integrative Medicine Contextual Unit can help inform the Board's proposal.

The RACGP's Integrative Medicine specific interest network could be utilised by the Medical Board. The RACGP Handbook of Non-Drug Interventions (HANDI) offers effective evidence-based non-drug interventions for use in general practice and primary care.

7. Is the current regulation adequate to address the issues identified and protect patients?

8. Would guidelines issued by the Medical Board (option 2) address the issues identified in this area of medicine?

The RACGP prefers **Option 1**. The current Code of Conduct provides robust coverage of the issues against all medical practitioners in Australia are measured. Creating an alternative or additional guideline is unnecessary.

The RACGP recognises there is a diversity of specific interests and skills amongst GPs. The practice of integrative medicine is underpinned by evidence-based complementary therapies and conventional, evidence-based medicine, therefore it does not require a separate guideline.

If the Medical Board prefers **Option 2**, the RACGP recommends addressing unconventional and experimental treatments such as:

- homeopathy
- kinesiology
- stem cell therapies (experimental therapy)

- hormones (drug therapy) prescribed to patients with normal hormone levels and clinically unwarranted
- long-term antibiotic therapy (drug therapy) for Lyme disease when long term use can be harmful and contribute to antibiotic resistance

These therapies are neither complementary nor integrative medicine. It is important to differentiate these drug related therapies from evidence-based complementary and integrative medicines as described by the RACGP.

The RACGP thanks the Medical Board for the opportunity to respond to the Discussion paper.

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