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26/6/2019

Submission to AHPRA Medical Board Enquiry. "Consultation on complementary and unconventional medicine and emerging treatments'.

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Synopsis

We seek to respond to some of your specific questions and to support your enquiry.
We also seek commonality with your efforts at safety concerns. We would also like to assist your enquiry with aspects that are likely to cause confusion and unnecessary threat to clinicians who are delivering good primary care in the complexity of general practice and achieving desirable outcomes for patients with conditions that have not responded to conventional medicine.
We would like to establish our background of experience in the field of integrative and comlementary medicine and some of the lessons we have learnt.
Finally we would like to suggest possible ways to minimise harm and benefit the community from the discoveries of Integrative Medicine.

Specific responses to your questions.

1) Given that your enquiry is focusing on medical practitioners, the term unconventional and complementary are not useful. The term 'emerging treatments' might be more appropriate. This enquiry might be better served by focusing on ' invasive and expensive emerging treatments' i.e treatments involving blood products or surgery. Less invasive treatments are

already covered by your existing guidelines of good medical practice.

2) The proposed definition hinges on " not usually considered to be part of conventional medicine". What is the definition of conventional medicine? How much variation is acceptable? Who decides that? How are the definitions updated? How often?

3) The main issue is one of ensuring that no harm is done. I therefore agree that patient safety is paramount. Efficacy is a more difficult standard that will need to be applied to 'conventional' medicine as well. The reason that people seek answers outside mainstream medical practice is because they have not been satisfied with the results of the treatment or the side effects. Efficacy in a clinical setting is firstly judged by our patients, research takes years to corroborate the clinical experience. 'Practice based evidence' is a concept that has driven advances in medicine way before 'Evidence based practice'

4) There is an important issue about health care practitioners that take advantage of people who are unwell and vulnerable. Taking financial advantage of patients seems to be a common form of abuse not covered by your medical guidelines. Again any new guidelines will need to apply equally to surgeons who charge in excess of $30,000 for a procedure as to an unconventional practitioner who orders $100's worth of testing or treatments.

5) Appropriate and useful safeguards about all aspects of medical practice is very much needed. These safeguards might be best aimed at all consumers of health care. Topics covered could include: How to evaluate your health practitioner? How to evaluate the diagnosis offered? How to evaluate the treatment/s options offered? The aim here is to better inform the consumers of health care to make better choices and to know when they are not being well served.

6) That question could be reversed. "Is there evidence and data available that informs the Board that unconventional medicine is harmful and poses a public risk". The Board cites some individual instances of harm. The question is; what is the relative frequency of harm compared to 'conventional' medicine?. 'No harm' should be the ultimate goal of all health care intervention. The Board could equally turn its attention to the persistence of 'harm' caused by 'conventional' medicine and 'conventional practitioners'.

7) If the Board is concerned about "delayed access to more effective treatment options" then Board's *Good Medical Practice* guidelines need to be updated to also reduce delay to effective complementary medicine.

8) If the Board is concerned about "serious side-effects" then this should equally apply to all medical practitioners. Including the thousands of hospital admissions or deaths in Australia each year due to serious side effects of medication.

Areas of Agreement with your enquiry

We have many areas of agreement with your enquiry, namely;.

1) Above all else do no harm.
2) As clinicians we must know the diagnosis and natural progression of the patients' presenting problem/s.
3) Respond to each patient according to their areas of interest, how they prefer to be treated and how much they want to be engaged in their own health care.
4) Guide the patient to most effective treatment options, by putting the facts and pros and cons in front of them as well as disagreeing with them, if they are making a detrimental choice.

5) Put the needs and interests of the patient first. Do not exploit the vulnerable position that patients are in.

We therefore fully support clause 9.2 of your draft guidelines "being prepared to contribute to and share new knowledge with the profession" The Medical Board of Australia would be getting much more cooperation and less resistance if that clause was indeed the purpose of your enquiry! By inviting practitioners to share their practice based evidence, the Board would be in a unique position to look for similarities and emerging trends in health care. Clinicians in primary health care generally do not have the resources to do conventional research, with control groups, double blind protocols and statistical analysis. They could however submit their observations in the form of case studies, which are then reviewed by clinicians to ascertain the significance of that result and how useful it might be to others. There is no central school of thought of IM, rather an evolving set of ideas and clinical practise with particular focus on biochemical / nutritional and environmental factors. So how does one say this GP is integrative and this one is not. If a GP looks into environmental allergens affecting a patient's atopic status is that IM? If a GP reduces the use of antibiotics and prefers to preserve the gut flora is that IM or is that good medicine?
If an otherwise healthy patient with a flu, does not wish to take pharmacological agents and would rather help themselves with herbs or supplements, do you support their harmless efforts or do you regard that as unconventional! Is that IM or just common sense harm minimisation?

Difficult dilemmas your enquiry will probably face.

You have defined Integrative Medicine as, '*…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'.*
The core of the definition seems to hinge on "*not usually considered to be part of conventional medicine".* Yet:

> *Advances in medicine are by definition ' unconventional'. A few 'pioneers' step outside the norm, try a new approach, withstand much ridicule and as clinical experience, peer acceptance and eventually research catches up then slowly the new idea becomes 'conventional'. That process could take 20-40 years. Meanwhile, by your definition, the 'pioneers' are operating outside mainstream conventional guidelines.*

How will progress ever eventuate when all medicine must remain 'part of the convention'. Complex systems theory has shown that change only happens at the periphery of a system. The centre of a complex system typically resists change.

> *A true scientist should be much more interested in researching what they don't know than just reinforcing what they already know*.

The History of 'Conventional' Medicine

> *If all people were 'conventional' and all their symptoms and illnesses were 'conventional' and 'conventional medicine' cured all their ills then unconventional medicine would never exist in the first place!.*

In the long arc of the history of medicine there were times when the 'germ theory' and the idea of vaccination were heresy and proponents ridiculed and outcast. Malaria and TB were said to be caused by bad air, TB needed to be treated in solariums, etc.. Even the last few decades is full 'conventional teachings' becoming debunked and replaced with 'modern conventional teachings' The acceptance of the Australian research that led to the acceptance of H. Pylori as an agent in peptic ulcers and eventual Nobel Prize, was first met with ridicule. Antibiotics were vigorously prescribed for decades and now the recommendations are to not use antibiotics in many conditions where previously the common practice was to prescribe them. We are now even told that it not even necessary to finish the course once the bacterial infection has abated. During my internship it was common hospital practice to have long bed rest people after Myocardial Infarcts and after surgery, now we get them out of bed ASAP. We were taught that the brain is born with a given number of cells now we are told that the brain grows continuously. So on and so on …..
What are the 'unconventional' ideas of today that will become totally accepted in the future?

The Wholistic Medical Centre

We understand that your office has a mandate to safeguard healthcare provision. And is seeking consultation, we therefore wish to present our credentials.
The Wholistic Medical Centre in Sydney CBD was established in 1977. It was born out of a central question "Does alternative and complementary medicine have anything to offer mainstream general medical practice?" In order to answer that question and by-pass preconceived ideas, opinions, anecdotes and theories General Practitioners worked in multidisciplinary teams with Naturopaths, Acupuncturists, Osteopaths, Nutritionists and Herbalists and observed first hand the results obtained. Over the past 40 years, we have made many useful observations and agreed on some guiding principles that might contribute to your enquiry.

1) Conventional medicine is good when you have an organic pathology, less useful when you have a functional disorder and of little use when you are OK and want to feel better.
2) No treatment works for everybody every time …and nearly anything will help someone at some time. The question is how predictable and reliable are the results.
3) If there exists multitude of ways of treating a condition then none of them are 100% effective.
4) Use the least invasive and least toxic and least costly treatments first. Have a hierarchy of invasiveness, side effects and cost and offer them to your patient.
5) We have found that working side by side with a broad range of modalities does indeed increase our chances of successful patient outcomes. We achieve better compliance, patient satisfaction, less harmful side effects and a more satisfying professional experiences
6) We have observed an odd phenomenon. At first supplements and herbal medicine are ridiculed as non-effective and a waste of money. Then research shows some evidence of effectiveness then, the medical profession is warned that these treatments might be interfering with convention and should be avoided! Why not promote these as safe and effective options, after all there is now an 'evidence base'.

Over the past decades we have also seen positive trends in society with a rising interest in healthier lifestyle, reduction of smoking, better nutrition, more exercise and better stress management.
Parallel to those trends in self- care there has been a concomitant exponential rise in interest in alternative and complementary medicines and easy availability of information about health matters. These trends have expanded the communities interest in a broader range of health care options. We believe the above trends are worthy of encouragement and support by medical bodies and government.

Complementary and Allied Health practitioners conduct hundreds of thousands of consultations annually in Australia and $billions are spent out-of-pocket on non-conventional treatments. What would happen if this level of demand is shifted back to conventional medicine?
It is predictable that conventional GPs who are untrained in these modalities would be severely strained with the additional complex demands placed on them and the cost to Medicare would sky rocket!

Why do people seek 'unconventional' treatments

Who are the people seeking 'unconventional' treatments? We surveyed our patients to find out.
The results showed that 66% of our patients are tertiary educated, professionals, with a majority of adult women.
Why is that? Why do educated people seek health care from complementary and alternative medicine (CAM) when those practitioners, mostly, have no medical degree, no hospital experience and don't attract refunds from Medicare.
Our survey and found two reasons, roughly evenly split.

1) Dissatisfaction with conventional medicine. There are many gaps in efficacy in conventional medicine. Things like; Autoimmune disorders, chronic functional disorders of the gut, chronic skin disorders, degenerative disorders, stress disorders and many other complex, chronic and incurable diseases.
   Patients come because the conventional treatment offered to them is not working, unacceptable or the side effects are not tolerable. They seek CAM treatments second.
2) Different world view to conventional medicine. Because of cultural factors, belief systems, bad experiences or philosophical orientation. These patients seek CAM treatments first.

Practice Based Evidence from Integrative Practitioners.

In many cases complementary treatments are an alternative, in other cases they are the only treatment that actually gives satisfactory improvement rather than just symptom control.

Some difficult conditions that have responded to integrative medicine are listed below. The treatment approaches have a common thread that involve: dietary changes, restoring and maintaining balance in the microbiome, the use of nutritional supplements as therapeutic agents and addressing lifestyle and stress factors.

1) Diverticulitis.
2) GORD: (excluding sliding hiatus hernia). Especially when PPI are not tolerated.
3) Poly Cystic Ovarian Syndrome.
4) Hashimoto's thyroiditis
5) IBS and other functional digestive issues
6) Type 2 diabetes.
7) Non-infective chronic prostatitis

Constructive Suggestions

A) Target the additional guidelines on areas of greatest risk.

While it is understandable that AHPRA is looking into this growing area of health care, and many of the concerns raised are creditable, there is a need to discern between invasive and non- invasive emerging treatments.
To try to regulate expensive and invasive treatments like stem cell therapy and cosmetic surgery with the same set of regulations as nutritional medicine has no basic rationale. Might be better to separate your concerns. With nutritional medicines being already adequately covered by existing guidelines, while emerging, invasive and expensive treatments are best dealt with in a separate set of guidelines.

B) Develop a forum for Integrative practitioners to share their discoveries with others.

Perhaps a better outcome would be facilitate your clause 9.2 "being prepared to contribute to and share new knowledge with the profession" by fostering collaboration and trust so that IM practitioners can report successful outcomes. Perhaps through a web portal or case presentations at sponsored conferences. The RACGP can be involved via it's CME program to developing guidelines for simpler clinical research based on reporting observations rather than double blind studies that are very difficult to apply in private primary care settings.
In that way other clinicians can try the new ideas and report their results. One fundamental value that unites health care practitioners is wanting to do something helpful. Once the 'practice base evidence' has been corroborated by others it can be more widely adopted without waiting 20-40 years for more formal research to validate observation.

C) Develop a set of guidelines for consumers of 'emerging' health care.

Covering the questions consumers should ask, the things to lookout for, their rights for more information, how to decide if the practitioner or their treatment is right for them and how to spot common pitfalls. In this way AHPRA can assist members of the general public to make better/more informed decisions about their health care choices. They are after all the consumers you are trying to protect.

We are pleased to be involved in your enquiry and welcome request for further clarification or involvement.

Dr Nicholas Bassal
[redacted]
Director
On behalf of the Wholistic Medical Centre team