

POSITION STATEMENT

Complementary and alternative treatments

2025

This document outlines the Australian Medical Association's (AMA's) position on complementary and alternative treatments.

1. Complementary and alternative treatments

- 1.1. Complementary and alternative treatments is a broad term and includes a wide range of therapies and treatments with therapeutic claims not currently considered part of conventional medicine.
- 1.2. Complementary treatments include, but are not limited to, therapeutic products such as herbal medicines, some vitamin and mineral supplements, other nutritional supplements, homeopathic formulations, and traditional medicines such as ayurvedic medicines and traditional Chinese medicine. They are non-prescription medicines.
- 1.3. Complementary therapies include, but are not limited to, massage, chiropractic, osteopathy, naturopathy, and energy healing.
- 1.4. In this position statement, the term 'complementary and alternative treatments' refers to both complementary medicines and therapies.
- 1.5. Complementary and alternative treatments should be used in conjunction with primary care. Patients should exercise caution when using complementary and alternative treatments for both general purposes or as treatment for specific medical diagnoses.
- 1.6. The use of complementary and alternative treatments in Australia is considerable and increasing. The AMA is concerned patients are often insufficiently aware that a majority of complementary and alternative treatments lack adequate scientific evidence for effectiveness. Accessing these treatments without professional medical guidance introduces potential risk to patients.
- 1.7. Population groups such as children, older people and individuals living with serious illnesses such as cancer are particularly vulnerable and are more likely to be misled by unproven treatments.
- 1.8. Evidence-based, robust scientific research in the form of randomised controlled trials is required to validate complementary and alternative treatments for efficacy, safety, quality, and cost

effectiveness so that practitioners and consumers can evaluate the potential benefits and any adverse effects.

- 1.9. Some complementary and alternative treatments, such as St. John's Wort and fish oil have evidence supporting their use in specific contexts. Due to the varying degree of scientific literature on these treatments, there is need to distinguish between evidence-based complementary and alternative treatments and those without scientific backing to ensure transparency in consumer information. Third party funding (private health insurance) should only provide benefits for complementary and alternative treatments if they are supported by sound scientific evidence.

2. Medical practitioners

- 2.1. A medical practitioner has the overall duty of care to a patient. Consultations must include questions on the intention or use of alternative therapies to appropriately manage medical treatment, particularly where it is determined a patient has concurrent health conditions.
- 2.2. Medical practitioners should have access to education about complementary and alternative treatments in their undergraduate, vocational and further education to provide advice where appropriate to patients. However, complementary therapists take primary responsibility for patient safety when prescribing complementary and alternative treatments and should be informed regarding the level of scientific evidence for both benefits and adverse reactions, including potential interactions with other medicines.
- 2.3. The AMA recognises that some medical practitioners choose to undertake additional training in complementary and alternative treatments and choose to include them as part of their everyday practice.
- 2.4. There is limited high quality evidence regarding the efficacy of most complementary and alternative treatments, and some have the potential to cause adverse reactions or interact with conventional medicine. Unproven complementary and alternative treatments can also pose a risk to patient health either directly through misuse or indirectly if a patient defers seeking medical advice.
- 2.5. Medical practitioners have a responsibility to support and enable their patients to make informed healthcare decisions including those relating to the use of complementary and alternative treatments. Where relevant, this may involve discussing with the patient the potential benefits and associated risks in relation to the patient's own healthcare situation. Complementary and alternative treatments carry direct financial costs but may also incur indirect costs in cases where a patient is deferring or delaying conventional treatment.
- 2.6. Medical practitioners' discussions with patients must be undertaken in a way that is respectful and not dismissive, otherwise there is a risk the patient may not disclose their use of complementary and alternative treatments. A patient's decision to use a complementary and alternative treatment must be respected but diligently noted through detailed documentation in the patient notes.

3. Consumers

- 3.1. It is important patients inform their medical practitioner about any complementary and alternative treatment they are using due to the risk of interactions.
- 3.2. Consumers should have access to accurate information and education for complementary and alternative treatments to make well-informed choices. This should include the level of evidence, risks, opportunity costs of delaying conventional treatment, the potential financial impact of diverting from evidence-based treatment, and the importance of continuing to consult medical practitioners in relation to medical conditions and health concerns.

4. Regulation of complementary and alternative treatments

- 4.1. The majority of complementary and alternative treatments do not meet the same standards of safety, quality and efficacy as regulated medicines as they are not as rigorously tested. Information about the level of testing and evidence should be easily accessible by medical practitioners, consumers and complementary therapy practitioners. These standards should apply to both listed (on the [Australian Register of Therapeutic Goods \(ARTG\)](#)) and unlisted complementary and alternative treatments.
- 4.2. In the absence of sufficient efficacy data, it is essential there are clear and true statements regarding the efficacy and standards of evidence relied on, including accurate labelling.
- 4.3. Information on the safety, quality, efficacy and cost effectiveness of complementary and alternative therapies must be readily available to consumers and health practitioners.
- 4.4. The AMA supports the Therapeutic Goods Administration's (TGA's) public database of medicine adverse events notifications. Consumers, medical practitioners and complementary therapists should ensure they promptly report any adverse events they suspect are caused by complementary and alternative therapies to the TGA.
- 4.5. Consistent effort should be made to protect consumers from misleading claims and ensure they are informed about the scientific validity of treatments. For example, the introduction of mandatory labelling on products indicating whether they are scientifically proven would be appropriate and assist patients to make informed medical decisions.
- 4.6. Alternative treatments that are prescribed or purchased should be labelled directing consumers to consult their medical doctor before using the product.

5. Regulation of complementary therapists

- 5.1. There should be appropriate regulation of complementary therapy practitioners and their activities. Regulations should ensure complementary therapy practitioners cannot claim expertise beyond their scope of practice.
- 5.2. Complementary therapists should not claim to be able to make a diagnosis of illness for people that the medical profession does not believe are suffering from a medical condition.
- 5.3. Recognition of health disciplines through the process of State or Territory registration should be dependent on:

- a) the discipline being supported by accepted scientific evidence of safety and efficacy, and;
- b) registrants completing an approved course of training at an accredited institution.

- 5.4. Registered health practitioners must not depart from the scope of practice regulated by the relevant registration board.
- 5.5. There must be effective regulation of complementary therapists for whom there is no current registration arrangement. The AMA supports the National Code of Conduct for Health Care Workers approved by the Council of Australian Governments and enacted in law in each State and Territory.
- 5.6. The National Code requires non-registered health and complementary therapy practitioners to observe a code of practice, including that they must not provide care that is outside their experience or training. It provides a mechanism to apply sanctions for breaching the code, including a ban on practice, as well as mutual recognition of prohibition orders across Australia.
- 5.7. The AMA also supports the establishment of a national public register of non-registered health and complementary therapy practitioners who are the subject of a banning order in their state or territory to assist employers and the general public identify unethical and incompetent practitioners.
- 5.8. Health practitioners with a non-medical doctorate should self-disclose this fact to patients seeking care through complementary or alternative treatments. Use of the title 'doctor' by non-medical health practitioners should always be accompanied by information stating they are not medical practitioners, so members of the public are able to distinguish when they are consulting a medical practitioner and when they are not.

6. Regulation of advertising

- 6.1. Advertising of services and products must not breach the [Australian Health Practitioner Regulation Agency \(Ahpra\)](#) or [TGA Guidelines](#).
- 6.2. Strong regulation must support high labelling standards for complementary and alternative treatments to support consumers are supported to make informed health decisions. All complementary and alternative therapeutic goods should indicate where there is/is not robust scientific evidence supporting the product.
- 6.3. Advertising of services by complementary therapy practitioners must not claim expertise in medical diagnosis and treatment nor should they attempt to dissuade patients from seeking the advice of medical practitioners.
- 6.4. Direct-to-consumer advertising must not:
 - a) exploit patients' vulnerability or lack of medical or health-related knowledge
 - b) attempt to induce unjustified fear or concern in patients/consumers regarding their own health in order to increase demand for the advertiser's products or services
 - c) encourage inappropriate self-diagnosis or treatment or in any way discourage patients from seeking the advice of their medical practitioner
 - d) attempt to promote an unreasonable expectation as to the applicability or efficacy of the advertised product or service

- e) create inappropriate use of the goods or services
 - f) make unsubstantiated claims
 - g) be false, misleading, or deceptive.
- 6.5. Regardless of its category, a sponsor making a therapeutic claim about a product should be required to seek advertising approval as for all therapeutic products.
- 6.6. Mechanisms for making complaints about advertising should be robust and penalties enforced.
- 6.7. The AMA call for stronger regulation and clearer labelling of complementary and alternative therapeutic goods to ensure consumers are informed where products do not have sufficiently robust scientific evidence.

See also:

[AMA submission to the Medical Board of Australia on the Draft guidelines for registered medical practitioners – complementary and unconventional medicine and unconventional medicine and emerging treatments, 2019](#)

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