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## Complementary Medicine – 2012

### 1. Introduction

1.1 Complementary medicine<sup>1</sup> includes a wide range of products and treatments with therapeutic claims that are not presently considered to be part of conventional medicine.

1.2 Complementary medicines include herbal medicines, some vitamin and mineral supplements, other nutritional supplements, homeopathic formulations, and traditional medicines such as ayurvedic medicines and traditional Chinese medicines.

1.3 Complementary therapies include acupuncture, chiropractic, osteopathy, naturopathy and meditation.

1.4 In this position statement, the term 'complementary medicine' refers to both complementary medicines and therapies.

1.5 The use of complementary medicine in Australia is considerable and increasing.

1.6 The AMA recognises that evidence-based aspects of complementary medicine can be part of patient care by a medical practitioner.

1.7 However there is limited efficacy evidence regarding most complementary medicine. Unproven complementary medicines and therapies can pose a risk to patient health either directly through misuse or indirectly if a patient defers seeking medical advice.

1.8 Children are a vulnerable population group. Due to the complexities of diagnosing and treating illness in children, a medical practitioner should inform any diagnosis and ongoing treatment plan, including the use of complementary medicine.

### 2. Research

2.1 There is a substantial gap between the use of complementary medicine and the evidence to support that use.

2.2 Evidence-based, scientific research in the form of randomised controlled trials is required to validate complementary medicines and therapies for efficacy, safety, quality, and cost effectiveness so that practitioners and consumers can evaluate the potential benefits and any adverse effects.

### 3. Funding

3.1 Third party funding should only provide benefits for complementary therapies if they are supported by good quality scientific evidence of safety and efficacy.

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<sup>1</sup> The term 'complementary' medicine is used in this position statement, rather than 'alternative', 'traditional' or 'natural' medicine, because it is a defined term in the *Therapeutic Goods Regulations 1990* and the Australian Register of Therapeutic Goods, and is used by the National Prescribing Service.

## **4. Medical practitioners**

4.1 Medical practitioners should have access to education about complementary medicine in their undergraduate, vocational and further education to provide advice to patients. They should be informed of the level of scientific evidence for both benefits and adverse reactions, including potential interactions with other medicines.

4.2 The AMA recognises that some medical practitioners choose to undertake additional training in complementary medicines and therapies and include them as part of their everyday practice.

4.3 Medical practitioners should specifically ask patients whether they are using complementary medicines or therapies in order to appropriately manage their medical treatment.

4.4 Medical practitioners should be able to explain the level of evidence for all medicines and therapies they utilise to help patients make an informed choice. It is acknowledged that some medical treatments have a low level of evidence.

## **5. Consumers**

5.1 Consumers should have access to accurate information and education about the level of evidence for complementary medicines and therapies in order to make well-informed choices. This should include the risks and opportunity costs of delaying conventional treatment.

5.2 Consumer information and education should stress the importance of continuing to consult medical practitioners in relation to medical conditions and health concerns.

5.3 It is important that patients inform their medical practitioner about any complementary medicines or therapies they are using.

## **6. Regulation**

### ***6.1 Regulation of medicines***

6.1.1 The majority of complementary medicines do not meet the same standards of safety, quality and efficacy as mainstream 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 medicine practitioners.

6.1.2 In the absence of sufficient efficacy data, it is essential there be clear and true statements regarding the efficacy and standards of evidence relied on, including accurate labelling.

6.1.3 Government agencies such as the Therapeutic Goods Administration (TGA) and educational bodies such as the National Prescribing Service should ensure information on the safety, quality, efficacy and cost effectiveness of complementary medicines is readily available to consumers and health practitioners.

6.1.4 Consumers and health practitioners should ensure they promptly report any adverse events they suspect are caused by a complementary medicine to the TGA.

6.1.5 The TGA should collate and make available information about adverse events to all health practitioners so that they can inform patients of the potential risks.

## **6.2 Regulation of practitioners<sup>2</sup>**

6.2.1 There should be appropriate regulation of complementary medicine practitioners and their activities.

6.2.2 Regulations should ensure complementary medicine practitioners cannot claim expertise beyond their scope of practice.

6.2.3 Complementary medicine practitioners 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.

### **6.2.4 Registered health practitioners**

6.2.4.1 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.

6.2.4.2 Registered health practitioners must not depart from the scope of practice regulated by the relevant registration board.

### **6.2.5 Non-registered health and complementary medicine practitioners**

6.2.5.1 There should be stronger regulation of health and complementary medicine practitioners for whom there is no State based registration arrangement.

6.2.5.2 Non-registered health and complementary medicine practitioners should be required by law to observe a code of practice, including that they must not provide care that is outside their experience or training.

6.2.5.3 There should be sufficient sanctions for breaching the code, such as a ban on practice.

6.2.5.4 There should be a national public register of non-registered health and complementary medicine practitioners who are the subject of a banning order in their State or Territory.

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<sup>2</sup> In this section:

**Registered health practitioners** are those that are registered under the Health Practitioner Regulation National Law in force in each State and Territory.

**Health practitioners** are those whose qualifications have been conferred by an accredited university.

**Complementary medicine practitioners** are those who are not covered in the above two categories.

**6.2.6 Misleading use of titles**

6.2.6.1 Non-medical health and complementary medicine practitioners should not use the title 'Doctor' or 'Dr' unless:

- a) such persons possess a doctorate recognised by the appropriate registration board in the State or Territory in which they practise; and
- b) such persons ensure that their use of the title is always accompanied by information confirming that they are not medical practitioners.

6.2.6.2 Non-medical health practitioners should not use the titles 'surgeon' or 'physician' unless they are a registrant of the Medical Board of Australia.

6.2.6.3 Use of these titles by non-medical health practitioners carries significant risk that members of the public will believe they are consulting a medical practitioner when they are not.

**6.3 *Regulation of advertising***

6.3.1 Advertising of services by complementary medicine practitioners must not claim expertise in medical diagnosis and treatment nor should they attempt to dissuade patients from seeking the advice of medical practitioners.

6.3.2 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; or
- g) be false, misleading, or deceptive.

6.3.3 A sponsor making a therapeutic claim about a food should be required to seek the same advertising approval as for other therapeutic products.

6.3.4 Mechanisms for making complaints about advertising should be robust and penalties enforced.