

Joint Position Statement of the RACGP and AIMA

## Complementary Medicine

2004

### Preamble

#### (a) Increasing usage - the growth of complementary medicine

It has been estimated from a South Australian Survey that in 2000 approximately 52% of the Australian population used complementary medicines. This represents an estimated out of pocket spending of \$2.3 billion which is a 62% increase since 1993 and four times the out of pocket spending on pharmaceutical drugs. <sup>(1)</sup>

Also in 2000, 23% had consulted at least one alternative non-medical practitioner in the South Australian survey. <sup>(1)</sup>

Some people use complementary medicine in situations where they perceive that conventional treatments do not offer successful intervention; others hope to improve their well being.

People who use complementary medicine are generally not rejecting orthodox medicine. Rather, they are seeking effective care for their health needs <sup>(2)</sup>

#### (i) Definitions

The use of natural, complementary and alternative medicines and therapies in Australia is considerable and increasing.

Complementary and alternative medicine, as defined by the National Center for Complementary and Alternative Medicine (NCCAM), <sup>(3)</sup> is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine.

NCCAM classifies natural, complementary and alternative medicines into five categories, or domains:

##### 1. Alternative Medical Systems

Alternative medical systems are built upon complete systems of theory and practice such as homeopathic and naturopathic medicine, traditional Chinese medicine and Ayurveda.

##### 2. Mind-Body Interventions

These interventions include patient support groups, cognitive-behavioural therapy, meditation, prayer, spiritual healing, and therapies that use creative outlets such as art, music, or dance.

##### 3. Biologically Based Therapies

These therapies include the use of herbs, foods, vitamins, minerals, dietary supplements

##### 4. Manipulative and Body-Based Methods

These methods include chiropractic or osteopathic manipulation, and massage.

##### 5. Energy Therapies

Energy therapies involve the use of energy fields. They are of two types: Biofield therapies such as qi gong, Reiki, and Therapeutic Touch, and bioenergetic therapies involving the use of pulsed electromagnetic fields, such as pulsed fields, magnetic fields, or alternating-current and/or alternating and direct-current fields.

In this document when the term "*complementary medicine*" is used it refers to both natural and complementary medicines and therapies.

## **Integrative Medicine**

The term Integrative Medicine refers to the blending of conventional and natural/complementary medicines and/or therapies with the aim of using the most appropriate of either or both modalities to care for the patient as a whole.

### **(ii) General practitioners (GPs)**

Research indicates that many GPs in Australia have accepted therapies, such as acupuncture, chiropractic, hypnosis and meditation, as potentially beneficial. Over 80% of the GPs surveyed had referred patients for a complementary therapy at least a few times a year. At the same time, many GPs express greater confidence when therapies are practised by those who are also medically trained.<sup>(4)</sup>

Almost half the GPs surveyed reported an interest in training in areas such as meditation, hypnosis and acupuncture, considerable numbers had undertaken training and a smaller proportion practised these in conjunction with mainstream medicine. Nearly 20% practised one complementary therapy.<sup>(4)</sup> Acupuncture appears the most popular, with at least 15% of Australian GPs practising this treatment.<sup>(5)</sup> Such a consultation attracts a Medicare rebate.

GPs generally underestimate the extent to which their patients access complementary medicine.<sup>(1, 4)</sup> In fact, relatively few patients - approximately one third of those who use complementary medicines - inform their general practitioner of their use.<sup>(2,6)</sup>

### **(iii) Medical specialists and hospital departments**

There is a growing interest in complementary medicine among medical specialties such as those of oncology, paediatrics, obstetrics and gynaecology and rheumatology. There is an increasing need for hospital departments and pharmacies to produce policies in response to patients requesting continued access to their complementary medicines and/or therapies during hospitalisation.

### **(iv) Education and training and professional associations**

In parallel with the growth in complementary medicine, there has been a growth of university courses and training courses offered by private colleges in complementary medicine to both medical and non-medical students. There has also been a rise in the number of professional associations and peak bodies such as Australasian Integrative Medicine Association which is the peak body for medical practitioners.

## **(b) The importance of evidence**

While awareness and interest in complementary medicine has grown, there has also been increasing concern that patient outcomes should be critically evaluated and that medical practitioners and consumers should have information about potential benefits, potential adverse effects, and pharmaceutical/herb interactions. There has also been a desire for greater regulation of both products and therapists.

Increasingly, scientific evidence is becoming available from research studies designed to assess the effectiveness of complementary medicine, and systematic reviews of this evidence is available through the peer-reviewed medical journals and the Cochrane Library.

Attention is being given by researchers to develop creative research designs that will enable evaluative studies to be carried out which have valid controls and that are sensitive to the nature and, in some cases, the context of the treatments being tested.<sup>(7)</sup> Increasingly it is possible for judgements to be based on evidence of safety, quality and efficacy.

**(c) Moves to regulation**

The Federal Government has moved to provide a regulatory framework for complementary medicines through the Therapeutics Goods Administration (TGA), establishing an Office of Complementary Medicine. As a result, there is now greater regulation of the safety and quality of manufactured complementary medicines, and greater control over the claims that may be made about efficacy. It is important that the TGA provides information concerning the safety, quality, efficacy and composition of all products and makes this information easily accessible to practitioners and the public.

The issue of regulation of practitioners is a State/Territory responsibility but there are moves towards a more consistent national approach.

Additionally there are still concerns about the lack of quality controls over the importation and use of raw herbs, which is another State/Territory responsibility.

**(d) The need for information**

There are many reasons for the medical profession to be fully informed about complementary medicines and/or therapies. Complementary medicine with high levels of scientific evidence demonstrating safety and efficacy such as glucosamine, should be used as part of any high quality medical practice. General practitioners also need to be aware of what medicines and therapies their patients are using, as well as their potential benefits, and adverse effects. GPs also need to be aware of possible interactions between mainstream pharmaceuticals, complementary medicines and foods.

It is important that the medical profession sets standards for medical practices and practitioners who wish to augment their practice with the use of complementary medicines and/or therapies.

It is also important that patients have improved access to information and are aware of the different roles of general practitioners and complementary therapists. It is essential that patients understand the importance of consulting their GP in relation to medical symptoms and health concerns and the need to obtain a medical diagnosis for any underlying condition.

**Joint RACGP/AIMA Position**

**1. Overall**

1.1 The RACGP/AIMA acknowledge the growing use of complementary medicine by the Australian population. It recognises that evidence based aspects of complementary medicine are part of the repertoire of patient care in mainstream medical practice.

It is essential that consumers and general practitioners have access to quality information about complementary medicine so that they are empowered to make well- informed choices. The RACGP/AIMA considers it important that education campaigns are provided to assist the public to take an informed role in relation to complementary medicine and to be aware of the importance of continuing to consult general practitioners in relation to medical conditions and health concerns. It is important that patients inform their general practitioner of any complementary medicine they are using, and that their general practitioners have enough knowledge to interpret and evaluate this information. It is important general practitioners have easy access to this information through various forms of education, databases, websites and prescribing software.

## 2. Research and the Principle of Evidence Based Practice

- 2.1 The RACGP/AIMA considers it essential that scientific research is carried out in such a way as to permit complementary medicine to be assessed on an evidence basis. The RACGP/AIMA calls on the Federal Government to ensure that adequate funding is provided for the design and implementation of appropriate evaluative research in complementary medicine. Also, the RACGP/AIMA urges consideration of Recommendation (35) of the *Complementary Medicine in the Australian Health System Report*<sup>8</sup>, that "the amount of funding available for complementary medicine research in Australia be determined on a per capita basis consistent with complementary medicine research in the USA."- The US model supports both research projects and strengthens the research infrastructure, including large centres to "draw complementary medicine practitioners and experts into the fold of a larger research enterprise."
- 2.2 Critical appraisal of appropriate evidence is as essential to complementary medicine as it is to any other practice in health care and that general practitioners should know how to interpret this evidence and apply it to individuals.
- 2.3 This key principle of evidence based medicine should be the basis of evaluating complementary medicines and/or therapies and their use by the medical profession. It should also be the basis of any collaborative relationships between general practitioners and complementary therapists.
- 2.4 Evidence based medicine has been described as "the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. By individual clinical expertise we mean the proficiency and judgment that individual clinicians acquire through clinical experience and clinical practice"<sup>9</sup>.

## 3. Regulation

- 3.1 The RACGP/AIMA welcomes the TGA regulatory reforms concerning the safety and quality of complementary medicines. Complementary medicines should meet the same standards of safety and quality as orthodox medicines. Labelling and advertising of complementary medicines must be based on the appropriate level of evidence of efficacy.
- 3.2 The RACGP/AIMA considers that there should be greater regulatory enforcement over the importation and use of raw medicinal herbs and other medicinal products eg. Traditional Chinese Medicine and animal products not governed by TGA, to ensure safety, quality, consistency and correct identification.
- 3.3 The RACGP/AIMA believes it is essential that there is appropriate regulation of complementary therapists. Such regulation should ensure that non-medical complementary therapists can not claim expertise in medical diagnosis and treatment.

## 4. General Practitioners and Complementary Medicine Information

- 4.1 It is important that general practitioners are informed about the potential benefits and any potentially adverse effects of complementary medicines and therapies.
- 4.2 The RACGP/AIMA calls on government and professional bodies to develop similar information sources on complementary medicines and therapies for use by general practitioners as exist for mainstream medicines and therapies.
- 4.3 The medical profession must be an integral part of a systematic approach to information about adverse events and alerts regarding complementary medicines and/or therapies, with general practitioners providing and receiving information from the TGA. Such a system should also involve complementary therapists and patients.

- 4.4 General practitioners should specifically ask patients about their use of complementary medicines and/or therapies and take account of this in their management of conditions. General practitioners should be sufficiently well informed about complementary medicines and/or therapies to be able to provide advice to patients when appropriate.

## 5. Education and Standards

- 5.1 General practitioners require a basic understanding of complementary medicine and should receive sufficient training in their undergraduate, vocational and further education to enable them to include natural/complementary medicine with proven safety and efficacy in their practice, and to discuss issues with their patients on an informed basis. This training should also enable general practitioners to further incorporate complementary medicine into their practice in line with the principles of evidence-based practice. As with any developments which impact on medicine, information about complementary medicine should be included in continuing professional development. Integration or incorporation of complementary medicine into a practice should take into consideration the principles of evidence based medicine.
- 5.2 The RACGP/AIMA calls on educational institutions and professional colleges to ensure that medical education provides information about complementary medicine.
- 5.3 The RACGP/AIMA will develop educational and practice standards relevant to complementary medicine for use by general practitioners and medical practices. The regulation of general practitioners in relation to the use of complementary medicine is the responsibility of Medical Boards.
- 5.4 The RACGP/AIMA encourages the State Medical Boards to consult a peer body representative with expertise in complementary medicine such as AIMA, or the RACGP/AIMA working party via the RACGP.

## 6 The Role of the RACGP/AIMA

- 6.1 The RACGP/AIMA will advocate for changes that will assist general practitioners to take an informed role concerning complementary medicine.

### Acknowledgment:

This Position Statement has been developed from the Australian Medical Association's Position Statement on Complementary Medicine (2002). The Royal Australian College of General Practitioners and the Australasian Integrative Medicine Association gratefully acknowledge the AMA in enabling our organisations to further develop this position statement relevant to General Practice in Australia.

### References:

1. MacLennan AH, Wilson DH, Taylor, AW. The escalating cost and prevalence of alternative medicine. *Prev.Med.* 2002;35:166-173
2. Astin, J. (1998). "Why Patients Use Alternative Medicine: Results of a National Study." *JAMA* 279(19): 1548-1553.
3. National Center for Complementary and Alternative Medicine (NCCAM), 2002. What is Complementary and Alternative Medicine (CAM)?, May 2002, USA. Last Modified: 21 October 2002. <http://nccam.nih.gov/health/whatiscam/>
4. Pirotta Marie, Cohen Marc, Kotsirilos Vicki and Farish Stephen. Complementary therapies: have they become accepted in General Practice? *MJA* 2000; 172:105-109
5. Easthope, G, Beilby JJ, Gill GF, Tranter BK. Acupuncture in Australian general practice: practitioners' characteristics, *MJA* 1998; 196: 197 – 200.
6. Kristoffersen, SS as cited in Drew AK, Myers SP. Safety issues in herbal medicine: implications for the health professions. *MJA* 1997; 166: 538-541.
7. Nahin, R L and Straus, S E Research into Complementary and Alternative Medicine: Problems and Potential *BMJ* 322 (7279):161
8. Complementary Medicines in the Australian Health System. Expert Committee on Complementary Medicines in the Health System. 2003
9. Sackett, D. L. R., W.M; Gray, J.A; Haynes, R.B; Richardson, W.S; (1996). " Evidence based medicine: what it is and what it isn't." *BMJ* 1996;312:71-72 Report to the Parliamentary Secretary to the Minister for Health and Ageing. September 2003