

Public Consultation on Complementary and Unconventional Medicine and Emergent Treatments.

Submission by the Australian Integrative Psychiatry Interest Group (AIPIG)

Introduction

Integrative Psychiatry is a developing approach in the treatment of Mental Illness and a well established movement both internationally¹⁻¹⁰ and within Australia. Approximately 3000 general practitioners participate in the Integrative Medicine Interest group within the Royal Australian College of General Practitioners and approximately one third of general practitioners in Australia utilise at least one modality of Complementary Medicine¹¹⁻¹⁵.

The AIPIG (Australian Integrative Psychiatry Interest Group) formed two years ago. We are consultant psychiatrists already trained in, practicing or interested in an integrative psychiatric approach generally within the context of qualifications obtained through and membership in key Australian Integrative Medicine Associations and Colleges¹⁶⁻²⁴.

AIPIG was set up as a peer review avenue for its members, both formally as part of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) continuing professional development (CPD) program and informally in a mailing list. We saw the need to formally pool and share our extensive training and knowledge bases to foster a

rational and cohesive, evidence-based professional framework for the development of Integrative Psychiatry in Australia. Included in AIPIG activities is peer review, teaching, practice auditing, development of practice guidelines and research. AIPIG is currently embarking in formalising a special interest group in Integrative Psychiatry within the RANZCP.

In our role as medical specialists we are the endpoint for both secondary and tertiary referrals for chronic, severe, complicated and treatment resistant psychiatric cases. Our patients come with high morbidity and high risk of mortality. For mainstream psychiatrists this behoves a wider range of tailored treatment modalities for any individual patient, including the off label use of medication (eg lamotrigine) to the use of emergent technology such as transcranial magnetic stimulation (TMS). As integrative psychiatrists our practice involves an even broader range of therapeutic modalities integrating mainstream investigations and treatments with evidence based, ethical traditional medicines and emergent fields of medicine which address the multilayered aspects of mental health from the biological, nutritional, psychological, social and cultural dimensions. We actively focus on prevention and engage the patient in a therapeutic alliance, which is collaborative, informed and individualised to achieve optimal health outcomes.

We believe that the integrative medical model reflects the best practice that the RANZCP mandates as the role of a psychiatrist^{12,25}. Integrative Psychiatry is our choice of practice model as the future best practice of medicine as determined by the World Economic Forum as Precision Medicine²⁶.

AIPIG members are :-

- All Australian psychiatrists, educated within accredited universities to meet Australian standards of medical care and knowledge including the ability to self regulate practice and apply scientific principles to understanding medicine and the practice of medicine.
- All trained within Australian hospitals, under the RANZCP or equivalent overseas psychiatric college.
- All fulfill the standards and regulations of the RANZCP meeting ongoing criteria for continuing medical education to maintain quality of practice and registration.
- All adhere to the RANZCP Code of Ethics²⁷.
- Integrative psychiatrists undergo more extensive and additional training than their allopathic colleagues, in integrative modalities.
- All agree to follow the Board's approved code of conduct outlined in the good medicine practice as part of our registration and the Board's current guideline which applies to all doctors
- As Practitioners of Integrative Medicine seek to educate themselves and train in modalities that would enhance health outcomes whilst adhering to good medical practice in addition to their base medical knowledge.

AIPIG is extremely concerned by the Medical Board of Australia's proposal to institute new guidelines for differential monitoring of practitioners of Complementary, Unconventional and Emergent medicine. We believe the proposed option is inherently flawed:-

- The definitions utilised are so broad and open to interpretation that they could be applied to almost any medical practitioner. And as such they cannot be utilised logically or consistently and are open to interpretation and abuse.

- The rationale for this proposal remains unclear.
- The Board is unable to outline the risks of complementary medicine versus more conventional medicine.
- Targeting of emergent treatments for additional regulation is unnecessary as these modalities emerging from university settings, research trials into clinical settings undergo strict ethical criteria and guidelines already.
- The concept of what constitutes “mainstream” vs “non mainstream” is an arbitrary and political term and open to interpretation and abuse between competing stakeholders within Medicine.
- Integrative Medicine utilises the full range of evidence based modalities and therefore does not delay or prevent access to appropriate treatment, it aims to provide the most appropriate treatment based on evidence basis and clinical judgement.
- The Board’s examples of bad medical practice do not specifically reflect on Complementary, Unconventional or Emergent therapies or their practitioners, rather they reflect on bad medical practitioners and their bad practice of medicine within any area of medicine.

We are deeply concerned that the new option will have an extremely deleterious effect on medical culture in Australia :-

- Targeting practitioners of complementary, non-mainstream and emergent therapies into a two-tiered “apartheid” system is prejudicial, “direct discrimination” based solely on the type of medical practice²⁸ and a breach of human rights²⁹.
- The medical profession is by nature hierarchical and competitive and it is this dynamic³⁰⁻³² that underpins its endemic levels of bullying and harassment³³⁻³⁷. Legislated differential treatment of doctors will exacerbate this situation.

- The proposed guidelines could act as a “Carte Blanche” sanction for an increase in bullying, harassment and isolation of integrative doctors through vexatious complaints and unnecessary medical board investigations³⁷, overregulation³⁸ and sham peer reviews³⁹⁻⁴¹.
- As psychiatrists we are deeply concerned about the potential impact on the mental health of practitioners who are targeted⁴². Specifically in the context of already high rates of psychiatric morbidity and suicide in doctors⁴³⁻⁴⁵.
- The discrimination and targetting of doctors who practice “complementary, non mainstream and emergent therapies” in the proposal has resulted in an atmosphere of fear and distrust of the process and the potential deleterious outcome amongst integrative doctors.
- On informal survey of self identified integrative doctors by the AIPIG and AIMA submission group, less than a third were willing to place their names on submissions to the Medical Board, in the context of fear of calling attention to their practice and being “targeted” by the MBA.
- AIPIG is concerned that the proposed new guidelines will inadvertently support the ongoing campaign to prevent doctors from practising Integrative Medicine from political lobby groups like the Friends of Science in Medicine⁴⁴⁻⁴⁸ whose approach to health care is informed by ideology, professional rivalries and health economic stakeholding rather than scientific principle.
- The practice of, training in and the development of Integrative Medicine in Australia will be restricted.
- Intellectual freedom and advances in medicine will be limited.
- Patients will therefore not be able to access optimal treatment choices and best practice medicine.

The opinions of AIPIG members in regard to the proposed new guidelines can be summarised as follows:

- There is no justification for the proposed new guidelines, as there is no evidence that patients of integrative psychiatrists are more likely to suffer harm as a result of their medical treatment than the patients of other psychiatrists.
- All psychiatrists should be subject to the same guidelines.
- The proposed new guidelines constitute discrimination against Psychiatrists who practice Integrative Medicine.
- Increased regulation of Integrative Medicine will deter Psychiatrists from entering the field of Integrative Medicine. This would be to the detriment of the Australian population.

Conclusion

AIPIG recommends continuing the use of option 1 for all doctors and strongly opposes the adoption of option 2 guidelines on ethical and clinical grounds. AIPIG believes the adoption of option 2 will have extreme deleterious consequences for the practitioners of Integrative Medicine and the practice of good medicine in Australia.

AIPIG is a significant stakeholder in this matter and we unreservedly offer our assistance and advice as consultant specialists to the Medical Board of Australia on this proposal as well as ongoing collaborative engagement with the MBA on any matters pertaining to Integrative Psychiatry and Psychiatrists into the future.

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