

Integrative medicine: more than the promotion of unproven treatments?

TO THE EDITOR: We believe that Ernst¹ is out of touch with international medical leadership and patient behaviour.

The Australian Medical Association, the Royal Australian College of General Practitioners and the Australasian Integrative Medicine Association acknowledge the growing popularity of complementary and integrative medicine, the high practice rates among doctors themselves (about 30% of Australian general practitioners), and the increasing demand for better education, information, regulation and dialogue by GPs.²⁻⁵

In response, medical leaders worldwide have formed the Academic Consortium for Integrative Medicine and Health.⁶ The top ten North American universities in medicine identified by the 2015–16 QS World University Rankings — including universities such as Harvard, Johns Hopkins, Stanford and Yale — are all members of this consortium, confirming an executive commitment to integrative medicine through established research, education and clinical programs. Over 60 academic institutes in North America undertake research and provide services in integrative medicine, and eight out of the world's top ten medical schools are involved in teaching or clinical activity in integrative medicine.⁶

Evidence of treatment effectiveness is critical, but to polarise the debate — medicine is evidence based and integrative medicine is not — is inappropriate. The *MJA* itself has published extensively on the shortfalls of scientific evidence in conventional medical care, and the current review of the Medicare Benefits Schedule is premised on the fact that many tax-funded medical interventions are not well justified by evidence. While the body of evidence in support of particular integrative medicine interventions is growing, more is needed.

We look forward to a balanced perspective on these issues to assist a clear dialogue and research in an important area of health care that is widely used by our community. Avoiding debate over terminology will help us identify those evidence-based therapies that can be safely and effectively integrated into clinical practice for the broader benefit.

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Competing interests: As a medical research institute, the National Institute of Complementary Medicine receives research grants and donations from foundations, universities, government agencies and industry. Kerryn Phelps, Vicki Kotsirilos, Penny Caldicott and Jennifer Hunter are also engaged in general integrative medicine practices. ■

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- 1 Ernst E. Integrative medicine: more than the promotion of unproven treatments? *Med J Aust* 2016; 204: 174. <https://www.mja.com.au/journal/2016/204/5/integrative-medicine-more-promotion-unproven-treatments>
- 2 Royal Australian College of General Practitioners, Australasian Integrative Medicine Association. RACGP–AIMA joint position statement on complementary medicine, 2004. http://www.racgp.org.au/policy/complementary_medicine.pdf (accessed May 2015).
- 3 Royal Australian College of General Practitioners. IM16 Integrative medicine contextual unit. <http://www.racgp.org.au/download/Documents/Curriculum/2016/IM16-Integrative-medicine.pdf> (accessed July 2016).
- 4 Australian Medical Association. AMA position statement: complementary medicine – 2012. <https://ama.com.au/position-statement/complementary-medicine-2012> (accessed May 2015).
- 5 Pirotta M, Kotsirilos V, Brown J, et al. Complementary medicine in general practice – a national survey of GP attitudes and knowledge. *Aust Fam Physician* 2010; 39: 946-950.
- 6 Academic Consortium for Integrative Medicine and Health [website]. <https://www.imconsortium.org/members/members.cfm> (accessed Mar 2016). ■