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Marginalisation of complementary medicine by medical regulators will lead to poorer patient outcomes

At the time of writing this editorial the Medical Board of Australia (MBA) is currently considering a draft policy on regulation of medical practitioners who provide complementary, unconventional medicine and emerging treatments [1]. The document – and the consultation more generally – specifically targets doctors who use integrative medicine – even explicitly mentioning integrative practitioners in the introduction. It also very explicitly targets medical practitioners who 'provide complementary and alternative medicine and other related areas of practice'.

One of the key issues with the new proposals is how they define complementary medicine (CM) and related areas. The new proposed definition groups together three disparate practices in a way that can only be perceived to be a political attempt to restrict any practice considered to be non-conventional. The association of these three disparate practices has no scientific basis and linking them relies on poorly disguised pseudoscience.

As discussed in previous editorials, a common criticism of CM (and by extension, integrative medicine), is that CM is a nonsensical definition. If any CM was truly effective, critics say, it would simply become part of mainstream – or "scientific" – medicine. Any CM that has not been absorbed by conventional medicine is considered – by this definition – a treatment that must not work. This definition is even legislatively enacted in some Australian regulations – the Medical Council of New South Wales explicitly defines CM as 'non-evidence based care' [2].

Such simplistic definitions ignore the real complexity of CM and of integrative medicine [3]. There are undoubtedly risks from the improper and unethical practice of CM by medical doctors. There are also some therapies and practices classified as CM that are indistinguishable from quackery. But this is not to be unexpected when CM is defined entirely by its general exclusion from conventional medicine, rather than any shared traits. The Medical Board of Australia had a valuable opportunity to help provide clarity to regulators, policy-makers and practitioners on how CM could be employed in a safe and effective manner. Instead they have chosen to reinforce the outdated myth that CM is – by definition – highly risky and ineffective.

Though risks of CM do exist, relative to most health interventions CM is proven to be safe, if delivered by a trained practitioner in an appropriate setting [4]. By linking it with high-risk unconventional medicine and emerging therapies, in particular stem cell therapies, the document falsely implies CM has significant risks associated with its use. Such a definition revolves around conventional medicine without providing any definition of what that should be. It implies that CM – no matter its evidence base – cannot be included in scientific evidence-driven practice.

Moreover, such a definition suggests that CM requires some kind of specific regulatory guidance, or that CM in-and-of-itself has regulatory issues unique to CM. This assumption is not evidence-based. There are no regulatory issues in CM practice that cannot already be adequately dealt with through existing mechanisms, and the issues raised in regulation are most certainly not unique to CM.

The key legal and ethical issues around commercial conflicts of interest in individualised prescription of nutritional supplements are no different from the conflicts arising from a surgeon advising different surgical (or non-surgical) treatment options to a patient, and perhaps even less so given the larger differential in potential reimbursement from the different options presented. More importantly, the regulatory provision to address this issue already exist and can be equally applied across both CM and conventional practice [5].

The draft consultation also expresses concern with the prescription of unapproved substances, yet this is not just already adequately captured by regulatory provisions, but is in fact a criminal offence under Section 19B of the *Therapeutic Goods Act.* The consultation explicitly expresses concern with 'unconventional' off-label prescribing only, which presumably indicates that the Board is okay with 'conventional' off-label prescribing, which is not only highly prevalent in Australian medical practice but also considered essential and appropriate to provision of medical care by most medical practitioners [6]. Clinical justification of treatments is a necessity for ethical practice regardless of whether the treatment incorporates CM [7].

In fact, not one concern raised by the MBA is in any way specific to CM, and every one of these concerns is already adequately covered by existing regulatory guidelines. This is very clearly evidenced by the fact that the CM boards of the Australian National Regulation and Accreditation System (Chinese medicine, chiropractic and osteopathy) on nearly every metric appear to be more effective and more responsive at upholding regulatory standards than the conventional medical boards (including the Medical Board of Australia) [8].

CM is extraordinarily popular in Australia and is by no means a fringe practice: 70% of Australians use complementary medicines at some time, and approximately 1/3 use complementary medicine and integrative medicine regularly [9]. As such, it is vital that to

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ensure patient safety, medical practitioners are equipped to understand and guide the appropriate use of these therapies. Medical practitioners appear to be responding, with approximately 10,000 GPs identifying as using some form of integrative medicine and around 2 million Australians choose doctors offering integrative medicine for their health needs [10].

Given the uptake of complementary therapies into general practice and the number of doctors that identify with integrative medicine, this should be considered the leading edge of conventional medicine and greater adoption should be encouraged or even required. It should not be denigrated and excluded by developing regulations and guidelines that label it as equivalent to other fringe or untested practices with safety concerns.

That is not to say that a policy on unconventional medicine and emerging treatments is not needed. Stem cell treatment – which is another focus of this document – has seen numerous questionable treatment and promotion activities that certainly warrant further regulatory attention [11]. Other untested, unproven or otherwise questionable treatments continuously emerge. However, CM does not by definition fall into this category. Some CMs now have more evidence in some conditions than their 'conventional' counterparts, while other CMs could be considered questionable at best. Yet their questionable nature is not because of their CM status, it is due to their unconventional nature – in many cases questionable practices would even be actively rejected by the CM community. This is where the regulations should focus – the questionable nature of *any* treatment, emerging, long-established, conventional or unconventional. Currently the guidelines caution even against registered CM professions, placing equivalence to these established CM professions to the most questionable emerging treatments.

The current guidelines as proposed will ultimately lead to far less integration of CM and conventional medicine and restrict the ability or willingness of medical practitioners to engage in this space. Restricting medical practice in this area will leave the population at risk of inappropriate and un-supervised usage. Patients will continue to use CM, irrespective of any guidelines developed by the MBA. The primary purpose of any effective medical regulator is to ensure patient safety and the best way to do this is to support and encourage the education, training and adoption of integrative medicine practices, to ensure CM is used when evidence of efficacy and safety does exist, and discourage its use when it is ineffective or potentially unsafe. The current proposal risks doing the opposite.

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