

The rise and rise of complementary medicine: health policy implications and challenges

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NORPHCAM

A Health Issue?

- 1 in 6 Australians now rely on CAM practitioners as their primary care practitioner
 - Regulation & safety – *Extraordinary variability*
 - *However most users think that CAM is strongly regulated*
 - Growing consumption that often goes undetected by research (self-care or no documentation)
 - Many (most) CAM users do not inform conventional practitioner of such use
 - How can/is/should CAM be incorporated into health systems?
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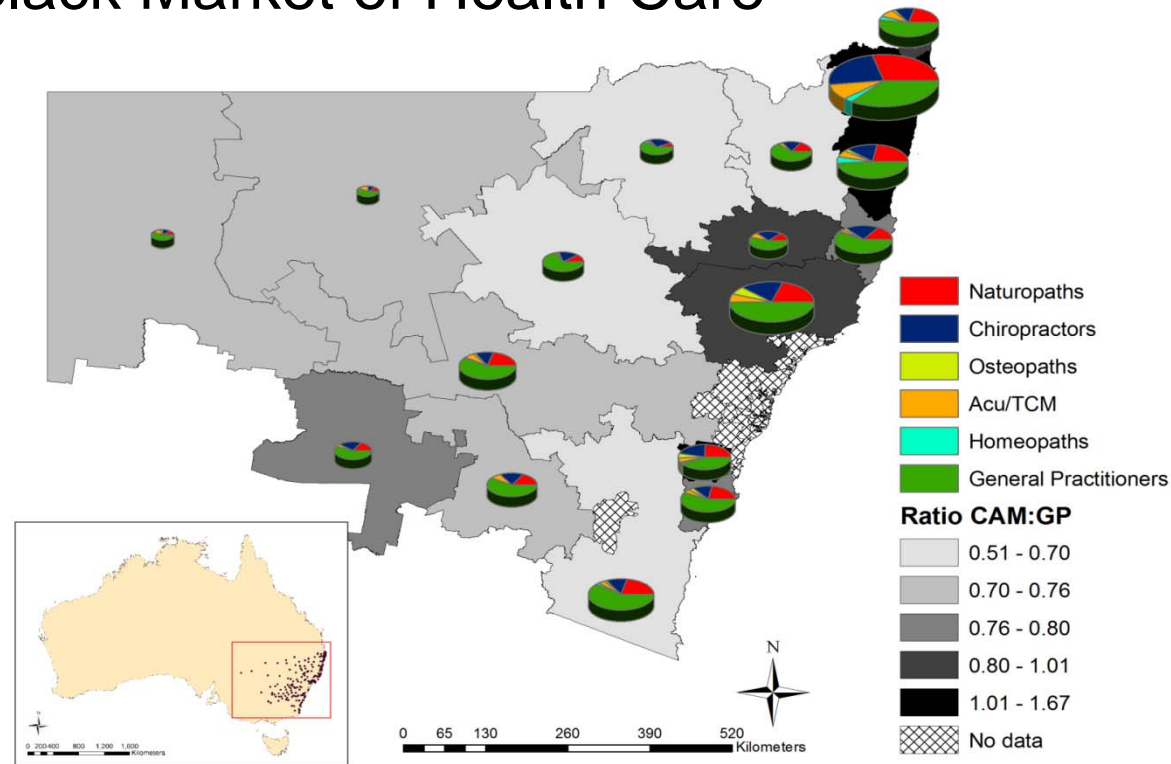
A Health Issue?

- People more likely than not to have seen CAM practitioner in last 12 months
- People more likely than not to be using some form of CAM
- More than half of **total** health consultations in Australia are with a CAM practitioner
- “Legitimacy” now a moot point – know need accountability to go with the legitimacy the public already infers

- Australian Bureau of Statistics (2008) “*Australian Social Trends, 2008*”. Report 4102.1 – Complementary Medicines
- Xue, CC et al (2007) “*Complementary and alternative medicine use in Australia: a national population-based survey*” *J Altern Complement Med.* 2007 Jul-Aug;13(6):643-50
- MacLennan AH et al (2006) “*The continuing use of complementary and alternative medicine in South Australia: costs and beliefs in 2004*”. *Med J Aust* **184**(1): 27-31.
- Sibbritt D et al (2004) “*A longitudinal analysis of mid-age women’s use of CAM in Australia*”, 1996-1998. *Women Health* **40**(4): 41-56.
- Adams J et al (2003) “*The profile of women who consult alternative health practitioners in Australia*”. *Med J Aust* **179**(6): 297-300.

A Health Issue?

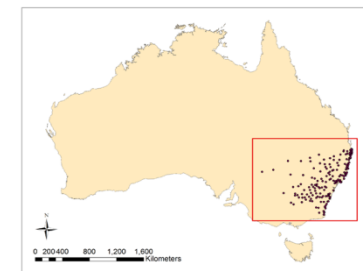
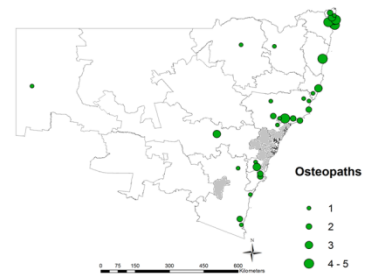
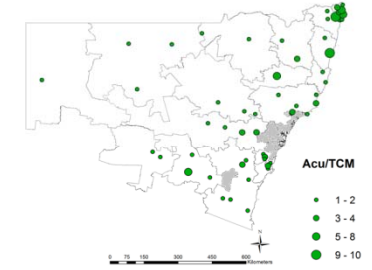
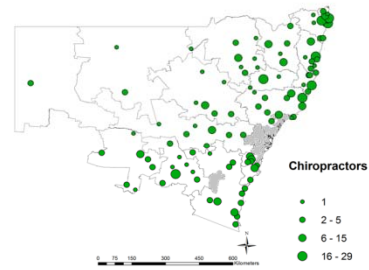
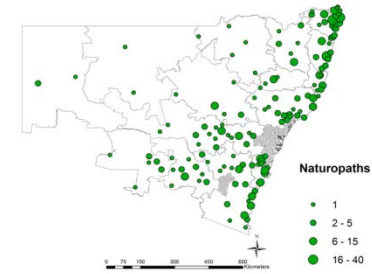
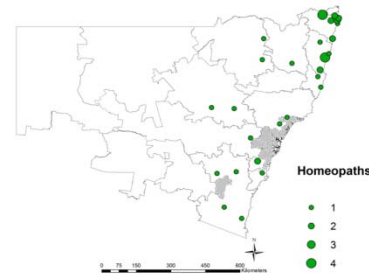
- CAM now constitutes nearly half the Australian health sector – in product and practice terms
- The “Black Market of Health Care”



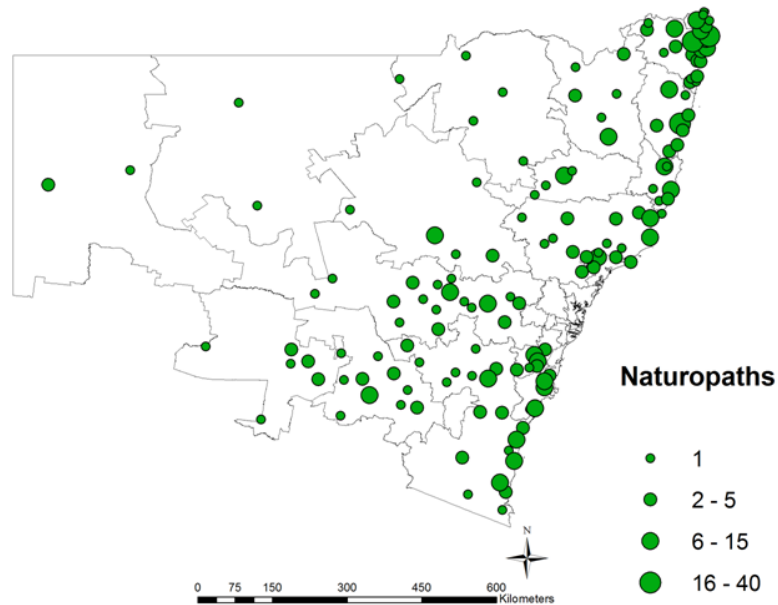
Practitioners

The forgotten/hot-potato public health issue: in a political no-mans land

- *States defer practitioner regulation because of NRAS*
- *Federal defer to states as still ‘officially’ within their remit (e.g. CMEC report)*
- *“Minister for CAM” (Parliamentary Secretary due to TGA responsibilities) not allowed to look at practitioners as that is a workforce issue which is the responsibility of Health Minister*
- *Health Minister unable to look at practitioners as that is a CAM issue which is the responsibility of Parliamentary Secretary*
- *Many government bodies (including Health Complaints Comm.) assume that regulation has already occurred*



Practitioner regulation – why?



- 3-10,000 naturopaths?
- 10% of the Australian female population regularly see a naturopath or herbalist¹
- 16% in complex conditions such as cancer²
- 1/3 use these practitioners as primary point-of-care³
- 10% of naturopaths have no formal training at all⁴

1. Adams J, Sibbritt D, Young A. Consultations with a naturopath or herbalist: the prevalence of use and profile of users amongst mid-aged women in Australia. *Public Health*. 2007;121(12):954-7.

2. Adams J, Sibbritt D, Young A. Naturopathy/herbalism consultations by mid-aged Australian women who have cancer. *European Journal of Cancer Care*. 2005;14(5):443-7.

3. Grace, S., Vemulpad, S., Beirman, R., 2006. Training in and use of diagnostic techniques among CAM practitioners: an Australian study. *Journal of Alternative & Complementary Medicine* 12, 695-700.

4. Bensoussan A, Myers S, Wu S, O'Connor K. Naturopathic and Western herbal medicine practice in Australia—a workforce survey. *Complementary Therapies in Medicine*. 2004;12(1):17-27.



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In general practice, 'always expect the unexpected'

Case study

Mr SF, aged 72 years, presented to a senior colleague complaining of a scalp sore which was failing to heal. The patient had injured his head while mustering cattle 4 years earlier. He consulted his local medical officer at that time and was reassured and sent on his way.

Six weeks before presenting to our practice, Mr SF had split his head open again. Although he was not overly concerned about it at the time, it had been slow to heal and he had consulted a naturopath. The naturopath was packing the scalp sore with comfrey leaves and had advised Mr SF to eat curry to aid with its healing. He had been seeing this alternative practitioner each week for the preceding 6 weeks. Mr SF had become disillusioned with the poor results he was getting. At the behest of his wife he was seeking another opinion.

■ **Mr SF had been covering his head with gauze to protect it. Removal of the covering revealed a massive erosive lesion measuring 11x10 cm (Figure 1). It appeared that the lesion had eroded through the skull, soft tissue and down to the meninges of the brain. Careful observation showed a pulsatile area through which was percolating frank blood.**



Practitioner regulation – why?

Herald Sun

Friday Nov 17, 2006

“A NATUROPATH charged with raping clients is *still* offering massages to women.”

“Acting Det-Sgt Eddie Logonder said Mr Wilson's bail conditions did not prevent him working and there was no legislation or regulatory body to suspend him until the case is heard by a court.”

Herald Sun

Thursday May 8, 2008

“After deliberating for two weeks, a County Court jury last Friday found Michael Morris Wilson, 52, guilty of 22 counts of indecent assault, 11 of rape and one each of sexual penetration of a child under 16 and committing an indecent act with a child under 16.”

Education and training

- Over \$100 million spent by government on training CAM practitioners – hard to quantify
- Includes nearly \$40 million training naturopaths, often at courses that do not fulfil minimum standards as proscribed by ANZSCO definition
- 85% of market dominated by private-equity companies with no regulatory, accountability or outcome measures (just \$ for “bums on seats”): exploiting FEE-HELP loopholes?, self-accrediting status in the case of universities

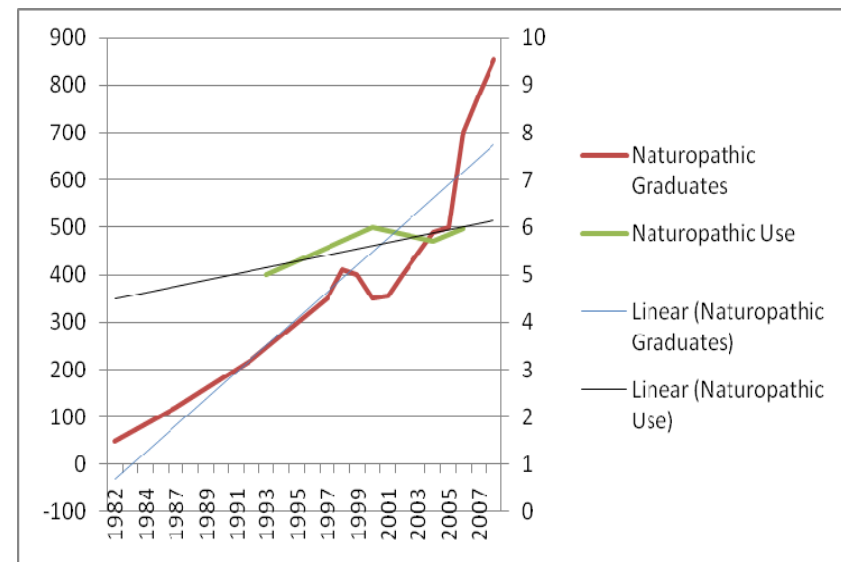


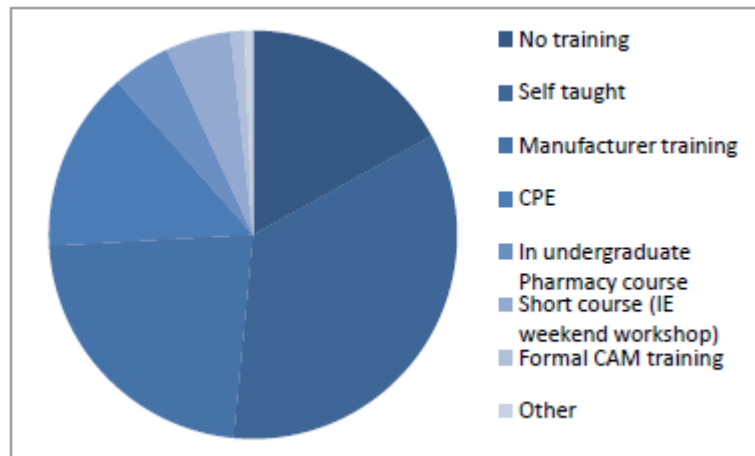
Figure 1: Number of naturopathic graduates per year in Australia. 1982-2004 data taken from Lin report, 2005-2008 data based on DEST/DEEWR estimates. 6 mth Naturopathic use taken from national CAM surveys.

Education and training

- 90% of CAM CPE provided by product companies¹
- False legitimacy for non-practitioner CAM sources in self-help – “False consultations”

Training Sources:

Pharmacist (2)



Health Food Store (3)

Source of training	Proportion of health food store employees
Books	35%
Supplier	15%
Formal training	9%
In-store training	6%
Undisclosed	35%

1. Lin V, Bensoussan A, Myers S, McCabe P, Cohen M, Hill S, et al. The practice and regulatory requirements of naturopathy and western herbal medicine. Melbourne: Department of Human Services; 2005
2. Semple S, Hotham E, Rao D, Martin K, Smith C, Bloustien G. Community pharmacists in Australia: barriers to information provision on complementary and alternative medicines. *Pharmacy World Science* 2006; **28**: 366-373.
3. Mills E, Ernst E, Singh R, Ross C, Wilson K. Health food store recommendations: implications for breast cancer patients. *Breast Cancer Research* 2003; **5**: 170-174.

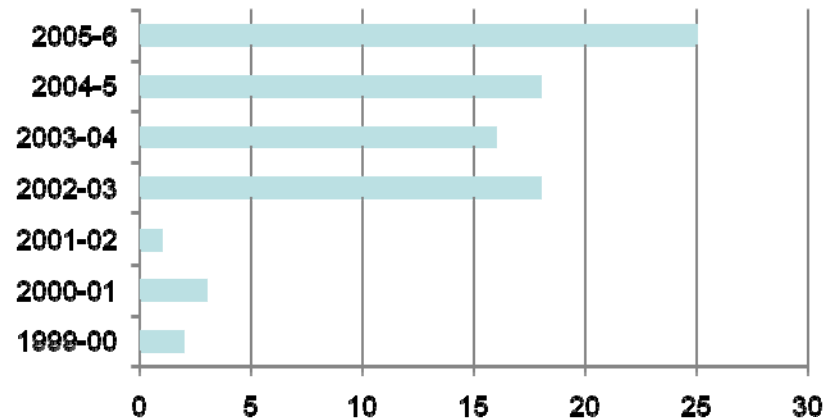
Education and training

- “Practitioner Only” products exempt from TGA advertising code
- Allows non-substantiated claims to be made in educational material aimed at health professionals listed in TGA Schedule 1
- However, also often marketed to practitioners as “higher quality” etc – allowable under current TGA rules
- No further accreditation for CAM CPE by professional associations
- CPE example: “You will learn how to how to create a wellness clinic, which can ongoing flow of supplement sales, creating an income stream that requires little or none of your time to generate” ¹

1. Carroll A, Honnef T. Create a Wellness Practice: Healthy patients and a healthy business. *Metagenics Practice Seminar. Brisbane, 2007.*

Confusing or non-existing reporting regimes

- Regulation of practitioners results in more complaints



Complaints registered against Chinese medical practitioners in Victoria 1999-2006 Source: CMRB

- Most of these are complaints are not “new”. They were previously “lost in the system” or weren’t made originally due to confusion as to where complaints should be made.
- CAM adverse events underreported as both practitioners¹ (education?) and patients unaware of avenues available

1. Bensoussan A, Myers S, Wu S, O'Connor K. Naturopathic and Western herbal medicine practice in Australia - a workforce survey. *Complementary Therapies in Medicine*. 2004;12:17-27

Product sales: conflict of interest?

Practitioners

- 98% of naturopaths have an in-clinic dispensary¹
- Not just extemporaneous: 78% of naturopaths sell pre-prepared products directly to patients¹
- Anecdotal reports of some GPs making over \$90 000 per year on MLM vitamin supplements²
- Pharmacies often see CAM more as an economic opportunity to “grab a slice of the wellness pie” – and often substitute their own choice of products rather than practitioner choice when given ‘prescriptions’³
- Reasons often not nefarious, but rather the only way to ensure patients receive quality and efficacious products
- No ‘CAM apothecary’ infrastructure etc. No viable alternatives

1. Smith C, Martin K, Hotham E, Semple S, Bloustien G, Rao D. Naturopaths practice behaviour: provision and access to information on complementary and alternative medicines. *BMC Complementary and Alternative Medicine* 2005; **5**.
2. Masters S. The medical profession and the pharmaceutical industry: when will we open our eyes?: Letters. *Medical Journal of Australia* 2004; **181**: 458-459.
3. Offord L. Grab a slice of the wellness pie. *Australian Journal of Pharmacy* 2006; **87**: 48-49.

Products

- The generic interchangeability that exists in pharmaceutical medicines simply doesn't occur in CAM products (e.g. Glucosamine)
- Product differentiation often not required for advertising claims, recommendations and evaluation.
- No certification of growing standards for raw materials (herbal medicines) – required to comply with WHO guidelines on CAM (e.g. *Good agricultural practices*)
- Standards need to move beyond GMP in manufacturing
- Infrastructure required for practitioners to feel comfortable referring to dispensary instead of selling directly to patient: “CAM apothecary”, no product substitution etc.
- Scheduling of some CAM: e.g. Victorian Schedule 1

Policy recommendations

- CAM needs to be taken seriously in research and policy
- Governments need to consider CAM as a *health* issue, not just an *economic* one
- Government needs to marry various CAM positions and policies to improve consistency – a lot of government CAM policy directly works against other CAM policy
- A combined approach including *practitioners* as well as products: CAM not just CAMs
- Minimum standards set across the industry: growing, manufacturing and selling of products. Training and accountability for practitioners – regulation
- Consider the potential of CAM, not just potential problems

Thank you



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