Submission to the National Health and Medical Research Council

Complementary and Alternative Medicine Resource for Clinicians

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Submission: Complementary and Alternative Medicine Resource for Clinicians

This submission

The Australian Osteopathic Association (AOA) appreciates this opportunity to comment on the draft documents.

The Australian Osteopathic Association

The AOA is the national professional body representing over 85% of osteopaths across Australia. This gives us a unique voice for representing the profession and lobbying to ensure high industry standards are established and maintained. Our core work is liaising with state and federal governments, regulatory or other statutory bodies, and key stakeholders throughout the healthcare landscape. We always welcome opportunities for input or collaboration, such as this.

Background

The AOA notes the context in which the proposed resources are intended to be used, and agrees that the sources of information available to consumers about CAM are currently of variable quality and reliability.

Response to the Summary of Questions

Questions for professional bodies/networks/administrators/educators:

1. Would the information contained in these two documents be of use or interest to your members?
   
   Yes.

2. Do you have any comments on Talking about Complementary and Alternative Medicine – a Resource for Clinicians (eight page document)?
   
   Yes.

(a) The AOA appreciates the section (on page 6) about how osteopathy is an AHPRA-regulated health service, and that this distinguishes osteopaths from practitioners of modalities that do not come with uniform national protections such as mandatory CPD, insurance, and agreed standards of care.

Osteopaths are regulated under the National Law, and the AOA posits that they are not complementary or alternative clinicians. For this reason, the AOA cannot support the following statement:
Some specific CAM modalities (including Chinese medicine, chiropractic and osteopathy)[...].

The AOA understands and supports the distinction the NHMRC is attempting to make in this section, but would locate osteopathy firmly in the category of modalities that are complemented by CAM, not in the CAM category itself.

This suggestion would accord with the categorisation implied by the target audience for this proposed resource, “medical practitioners, nurse practitioners, pharmacists and allied health professionals.”

The AOA would be pleased to liaise about this drafting matter in further detail in due course.

Australian osteopaths are allied health professionals under the auspices of AHPRA and the Osteopathy Board of Australia. The AOA, representing Australian osteopaths, is a member of Allied Health Practitioners Australia. Osteopathy can rebated via Medicare. Osteopaths are engaged by the Department of Veterans Affairs, and osteopaths are approved practitioners under state-based workers’ compensation and motor accident authorities. All of these entities rebate or fund osteopathy via its categorisation as an allied health service.

(b) The tone of the resource is unlikely to result in its use by clinicians who practice complementary or alternative modalities. The resource gives the impression that the responsibility for having the suggested conversations lies with medical and allied health practitioners, instead of being shared among clinicians of all kinds.

Notwithstanding any value in sharing information among clinicians, the primary responsibility for safe and effective use of complementary and alternative medicines must lie with complementary and alternative practitioners.

(c) The resource fails to acknowledge that there is significant overlap between prescription medicines, pharmacy-only medicines, over-the-counter medicines, and CAM. It’s not the case that GPs prescribe only prescription medicines. Moreover, the resource fails to define exactly what a complementary medicine is. Are multivitamin tablets complementary? Are antacids complementary? If so, what makes these things complementary? These examples can be obtained off the shelf by a person with no clinical supervision whatsoever, and these can be recommended by a medical practitioner after the most thorough possible investigation and pathology.

(d) The proposed resource should not be silent on immunisation. The resource should clearly state that vaccines are not complementary or alternative, and that there are no CAM substitutes for vaccines on the National Immunisation Program schedule.
(e) The importance of sharing information among prescribers and clinicians is acknowledged. The AOA is strongly of the view that allied health professionals such as osteopaths should have the ability to make entries on a person’s PCEHR, and the authority to view a list of medicines on a person’s PCEHR. This issue is wholly separate from occasional proposal to expanded authority to prescribe.

(f) The Therapeutic Goods Administration, reflecting the historic priorities of the broader Australian health system, focuses on the safety of products more than their efficacy. Indeed, the system of self-assessment for complementary medicines allows them on the market if they are “low-risk,” but “this mechanism provides only limited assurance to the public about the characteristics of these medicines.”

Given this, it is troubling that the resource relies on clinicians to evaluate and explain the “evidence,” “effectiveness,” and “risks” of CAM. What skills, training, and abilities or experience do clinicians have in assessing the evidence, effectiveness, and risks for products that not even their manufacturers have to supply before they can be sold?

(g) However much clinicians utilize the proposed resource, the most frequent place of acquiring CAM is a pharmacy. This acquisition occurs at a point in time between any discussion with the clinician and the time of use.

Pharmacists (and their non-pharmacist sales staff) play a prominent role in promoting and supplying CAM.

For this proposed resource to be effective, pharmacists should be encouraged to instruct patients to inform their clinicians about what CAM they sell, not just rely on clinicians raising the subject long after consumption has begun.

Beyond this encouragement, pharmacists have the professional responsibility (and the pharmacological expertise) to evaluate the suitability of all medicines, including CAM, for a person. This cannot be shifted to other clinicians, and the resource as currently drafted seems devoted to shifting the responsibility onto medical and other allied health professionals and away from the only people able to best discharge it.

(h) The resource (as improved by these suggestions and by consultation) should form be one aspect of a broader resource, perhaps based on an expanded version of NPS MedicineWise. This would give time-poor clinicians and patients easy access to trustworthy information about the safety, efficacy and risks of all available medicines, including CAM.

Even if a patient discusses CAM with a clinician, until additional information that is organized in an accessible and comprehensive way can be provided, any information conveyed to a person will be in the category of opinion rather than knowledge.
(i) Due to the variable nature of ingredients and the lack of manufacturing standards, and since all dosage instructions are liable to be ignored without a clinician ever knowing, any resource dealing with CAM should include contact details for the Poisons Information Centre.

3. Do you have any comments on Talking to your patients about Complementary and Alternative Medicine (one page document)?

Yes.

(a) The document is, oddly, not a summary of the longer document. Indeed there is information in it that is nowhere mentioned in the eight-page resource (the existence of Medicine Home Reviews, for example). It suffers from the same defect in tone as the longer document, as indicated at 2 (b) above.

(b) The phrase “opportunity cost” is a mildly obscure economic term deployed by analogy to the world of health with a little imprecision. Its meaning is discernible, but it is not mentioned in the longer eight-page document. Moreover, in addition to the opportunity cost of using CAM, there’s also the issue of monetary cost—especially since most effective conventional medicine is covered by public and private insurance, and most CAM is not.

4. Would your organisation be interested in distributing these two documents to your members? If so, what is the best way to distribute them? For example print, email, newsletter etc.

Yes.

The final version of these documents should be distributed in a variety of ways, including by email with links to PDF and as part of a specially designed CPD module on the subject.

5. Do you have any suggestions for how this information could be distributed to clinicians?

Yes.

See response to (4) above.

6. Would your organisation be interested in incorporating the two documents into training or professional development programs?

Yes, possibly, if suggested improvements are made and accompanied by suitable consultation and funding.
Summary

The AOA thanks the NHMRC for this opportunity to comment on these proposed resources.

For further information or clarification, please contact Samuel Dettmann, policy advisor, on 02 9410 0099. 

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