



Complementary, Alternative & Unconventional Medicine

The Medical Board of Western Australia has a statutory duty to ensure that medical practitioners in Western Australia practise safe medicine. The Board's objective is to protect the public from the unprofessional, improper or incompetent practice of medicine through the promotion of high professional standards, both of competence and conduct, in medical practice in Western Australia.

This Policy has been adapted from similar sets of guidelines issued by the Medical Board of Queensland and the Medical Council of New Zealand to inform medical practitioners of the standards of practice that would be expected of them, should they choose to practise elements commonly referred to as complementary or alternative medicine.

The Board endorses the comments of the editors of the New England Journal of Medicine:

"There cannot be two kinds of medicine - conventional and alternative. There is only medicine that has been adequately tested and medicine that has not, medicine that works and medicine that may or may not work. Once a treatment has been tested rigorously, it no longer matters whether it was considered alternative at the outset. If it is found to be reasonably safe and effective, it will be accepted. But assertions, speculation and testimonials do not substitute for evidence. Alternative treatments should be subjected to scientific testing no less rigorous than that required for conventional treatments".²

Where patients are seeking to make a choice between evidence-based medicine or alternative medicine, the doctor should present to the patient all the information available concerning his or her recommended treatment thus allowing the patient to make an informed choice which should then be treated respectfully.

Introduction

The Board is charged with the responsibility of protecting the health and safety of the public by ensuring that doctors are competent to practise medicine. The Board accepts that the usual meaning of competence is the ability to perform a task to set standards. By implication, the standards that the Board accepts for independent practice are, in general, those of relevant professional bodies such as the Medical Colleges.

These bodies take as their standards those treatments which are supported by scientific observation, at least in any case where there is evidence that bears upon a topic. Where there is no such evidence the standards are harder to define but they are then usually

determined by their conformity with ethical standards, any indirect scientific support that can be adduced, and common sense.

The standards of medical practice acceptable to the Board are therefore those that are consonant with the standards of what has come to be called evidence-based medicine. It follows from this that while there may often be more than one acceptable approach to a given medical problem, the approaches that are of an acceptable standard will be the same for all practitioners, no matter how experienced or inexperienced they may be. This may seem to place a daunting hurdle before the newly qualified doctor.

It points, however, to the necessity for less experienced doctors to work under supervision until the standard has been achieved. Those who are more advanced in their training, but who are faced with a problem outside their expertise, are expected to seek help from experienced colleagues or to refer the patient.

Evaluation of Practice

Defining the scope of complementary, alternative and unconventional medicine is difficult. This is because orthodox medicine has been said to rely quite heavily on treatments that have not been rigorously tested, or especially, treatments for which the evidence of effectiveness is anecdotal or theoretical, the same kind of evidence that supports most complementary or alternative therapies.

However, from the viewpoint of a regulatory body such as the Board the distinctions that are important to make are between *evidence* based medicine versus *unproved* or *experimental* medicine (rather than *orthodox* versus *alternative* medicine). This distinction is fundamental to the assessment of a doctor's competence.

A doctor who chooses to recommend an unproved or experimental treatment ahead of one with proved effectiveness must have broad professional support in doing so (the first renal transplant, for example) as well as both the fully informed patient's acceptance of the experimental treatment and the sanction of a formally constituted ethics committee. In the absence of these safeguards, the practitioner must be prepared to argue, with evidence, that the experimental or unproved treatment is safe, and that the patient is not harmed by withholding the standard therapy.

In cases where there is no treatment proved to be effective, any treatment offered to a patient must be sanctioned by the general opinion of the profession, or, *where any risk to patient safety is present*, must be treated as a new therapy requiring the written consent of the patient to its use, together with the formal approval of a duly constituted ethics committee.

The Board expects that any doctor who embarks upon a mode of investigation or treatment of patients that is not based upon evidence based medicine will:

1. In *assessing* patients:
 - a. perform a history and physical examination of the patient, sufficient to make, or confirm, a generally recognised diagnosis, and which meets the standard of practice generally expected of the profession;

- b. investigate, when necessary, utilising generally accepted modalities pertinent to the patient's complaint; where any other methods of investigation are used informed consent must be obtained;
 - c. reach a diagnosis that reasonable medical practitioners would reach, supported by the clinical findings;
 - d. advise the patient of the evidence based and conventional treatment options, their risks, benefits and efficacy, as reflected by current knowledge
2. In *treating* patients:
- a. have demonstrable current knowledge and skills in their area of practice;
 - b. act ethically and in their patient's best interests according to the fundamental values of the profession;
 - c. provide sufficient information to allow patients to make informed choices, and to refer to, or consult with, others when the patient requests it, when the practitioner requires assistance and/or when the standard of practice requires it. (When appropriate and where there is no reason to believe such a referral would expose the patient to harm there is no barrier to making a referral to an unconventional practitioner).
 - d. not misrepresent information or opinion. Patients must be made aware of the likely effectiveness of a given therapy according to published and accepted information, notwithstanding the medical practitioner's individual beliefs;
 - e. obtain informed consent to any proposed treatment.
3. In *advancing knowledge*, and providing treatments in areas of uncertainty where no treatment has proven efficacy:
- a. ensure that their patients are told the degree to which tests, treatments or remedies have been evaluated, and the degree of certainty and predictability that exists about their efficacy and safety;
 - b. be prepared to collaborate in the collection of information that can be appraised qualitatively or quantitatively, so that new knowledge is created, to be shared with, and critically appraised by, the profession.

Assessing Complaints or Concerns

In assessing complaints or concerns related to the practice of any doctor who has adopted or advocated investigations or treatments of complementary, alternative or unconventional medicine, the Medical Board of Western Australia will undertake an assessment of the competence of the practitioner. In the case of unconventional practices the Board will particularly consider the following questions:

- a. has an adequate patient assessment been conducted in each case, including history and physical examination, laboratory studies, imaging and other evaluative measures to determine that the patient has the condition for which treatment is being prescribed?
- b. is the methodology, if any, promoted for diagnosis as reliable as other available methods of diagnosis? Are the diagnostic tools reliable?
- c. what is the risk/benefit ratio for the treatment? Is it greater or less than that for other treatments for the same condition?
- d. is the treatment extrapolated from reliable scientific evidence, including properly conducted clinical trials, and/or is it supported by a credible scientific rationale?
- e. is there reasonable expectation that the treatment offered will result in a favourable patient outcome? What evidence is there for favourable outcomes?
- f. has a formally constituted ethics committee given its approval to the investigation or treatment?

1 The Medical Board of Western Australia thanks the Medical Board of Queensland and the Medical Council of New Zealand for permission regarding the adaption of these guidelines.

2 Angell M Kassirer JP. Alternative Medicine - the risks of untested and unregulated remedies, N Eng J Med 1998, 339:839-41.