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Medical Council of New Zealand
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Dear Kanny

Medical Council consultation on Complementary and Alternative Medicine (CAM)

Thank you for giving the Royal New Zealand College of General Practitioners (the College) the opportunity to comment on the Medical Council's revised position statement on Complementary and Alternative Medicine.

Introduction to general practice and the College

General practice is the medical specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, the Royal New Zealand College of General Practitioners (the College), is the largest medical college in the country. The College provides training and ongoing professional development for GPs and rural hospital generalists, and sets standards for general practice. The College has a commitment to embed the three principles (participation, partnership and protection) of Te Tiriti o Waitangi (Treaty of Waitangi) across its work, and to achieving health equity in New Zealand.

Health equity is the absence of avoidable or remediable differences in health outcomes and access to health services among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO). To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education, housing, and the environment).
- Funding and support to sustain the development of a GP workforce of sufficient capacity to meet population need for access to quality primary medical care, particularly in rural and high need areas.
- Sustained focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Improved integration of primary, community, and secondary care health and social services which ensures the provision of high quality services.
- Universally accessible free primary health care for children and low-income families, because health inequities begin early and compound over the life course.

- A review of the funding model for primary care to ensure that resourcing is allocated equitably across diverse populations with differing needs.

Submission

Changes to the Position Statement

The Medical Council has recently reviewed its position statement on Complementary and Alternative Medicine (CAM). The aim of the review is to improve the flow and clarity of the document and to make it clear that doctors who practice CAM must adhere to their professional, legal and ethical obligations.

The College's response

The College largely agrees with the Medical Council's review of its CAM position statement. However, we do have some recommendations concerning: the proposed definition; the need for patients to make an informed choice; peer review; and ensuring adherence to the standard.

Definition

The College understands the new definition was proposed to align it with that used in *Cole's medical practice in New Zealand*. While the proposed definition is succinct, it fails to capture the broad range of CAM practices and does not accurately represent them. One particular issue is the use of the term 'not commonly used'. There are many traditional medical treatments that are not commonly used, including – for example – where a medical condition itself is rare. What differentiates CAM treatments is not that they are rarely 'used', it is that they are not commonly 'accepted' in conventional medicine. Hence, the College suggested changing the definition from ''Complementary and alternative medicine (CAM) refers to therapies and treatment that are not commonly used in conventional medical practice'' to ''Complementary and alternative medicine (CAM) refers to therapies and treatment that are not commonly *accepted* in conventional medical practice.'' From a Te Tiriti O Waitangi perspective, the proposed definition is also problematic as it does not acknowledge Rongoā Māori.

Informed consent

The College welcomes the Clauses 9-14, ''Ensuring patients make informed choices.'' We agree communication on CAM should be respectful and that doctors need to be aware of the cultural contexts surrounding some CAM practices. However, we also believe that explicit comment should be made here on the subject of financial conflicts of interest. CAM is an area of medicine where there is a potential for financial exploitation of patients, and where sometimes a doctor stands to profit from the recommendations he or she makes. We are aware, for example, of recent concerns raised about a GP who charged a vulnerable patient on a benefit over $3000 for CAM treatments. Our view is that it would be useful to include sections 14-16 of your statement on *Doctors and health related commercial organisations* in the statement on CAM to address such scenarios.

We also suggest that when CAM is provided at a practice that also provides conventional treatments, staff should have informed discussions with patients about the difference between appointments made for the purpose of CAM, and appointments made for the purposes of traditional medical care. This suggestion came from one of our members who was concerned that patients at one practice were not fully informed when booking in for a CAM treatment, and were under the impression that because they were seeing a GP they were booking a regular medical appointment.

Peer review

The College agrees with Clause 21C that ''CAM practitioners 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.'' In addition to this we would recommend the Medical

Council adds a statement on the need for CAM practitioners to undertake some form of peer review of their CAM practice. This is standard practice for other areas of medicine, and would help protect patients, and CAM practitioners. Peer review helps to protect against the negative effects of isolation, and we are aware that some medical practitioners who have run into strife when practising CAM have been regarded as extreme outliers by CAM colleagues.

Ensuring adherence to the standards

Finally, while the College largely agrees with the statement, we would also like to draw your attention to the comment of one of our members who said in their experience ''the standard is poorly adhered too.'' Our suspicion is that patients of CAM may be less likely to act on concerns for a number of reasons, including:

- They might believe that CAM practitioners are not subject to regulation.
- They might be embarrassed to admit to a medical regulator that they sought CAM treatment, and may believe that their concerns would not be taken seriously by that regulator.
- While CAM use is associated with the well-educated, there also appears to be a significant association with low health literacy[1].

For this reason, it may be useful for the Medical Council to explore mechanisms to ensure compliance that do not rely solely on complaints. Again, a requirement that CAM practitioners undertake peer review may be useful in this regard.

We hope you find our submission helpful. Should you require any further information or clarification please contact the College's policy team at policy@rnzcgp.org.nz.

Yours sincerely,

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Manager – Strategic Policy

[1] von Conrady DM, Bonney A. Patterns of complementary and alternative medicine use and health literacy in general practice patients in urban and regional Australia {internet}. Australian Family Physician. 2017 May;46(5):315. Available from http://www.racgp.org.au/afp/2017/may/patterns-of-complementary-and-alternative-medicine-use-and-health-literacy-in-general-practice-patients-in-urban-and-regional-australia/.