14th April 2011
Re: Inquiry: administration of health practitioner registration by AHPRA
To whom it may concern,
I am sending two submissions to this inquiry. This present letter pertains to the issue of proposed registration of complementary medicine practitioners.
I am presently undertaking a PhD at the University of Melbourne, in the field of Complementary and Alternative Medicine (CAM), through the anthropology department, with a long-term view to developing policy to improve access to CAM for low-income Australians. I have a background in various fields of complementary medicine, and am concurrently completing my second masters degree in Chinese Herbal Medicine.
I realise that many submissions will be received which represent the perceived value of 'registering' and 'regulating' natural/CAM medicine practitioners. However, my perspective is that, despite the greater 'status' which practitioners may well enjoy if they were registered, such registration processes have a number of downsides that are poorly recognised. Firstly, they tend to reduce the social perception of the skill level of 'other' practitioners who are not qualified thoroughly enough to attain such registered status (such as massage therapists, folk herbalists, shamanic practitioners, and many others). Yet these practitioners often have a valuable role to play in the greater domains of healing , particularly given that the present private-sector location of CAM prevents many poor people from accessing CAM practitioner services. It is appropriate that people can swap massage with a friend, grow herbs for self-medication in their gardens, purchase herbal and nutritional supplements from the supermarket or chemist, look up how to prescribe their homeopathic first aid remedies in a textbook (resorting to practitioner visits for more serious cases), and conduct shamanic or 'narrative healing' workshops, all of which are examples of non-regulated types of therapy that are relatively affordable, accessible, and very effective at improving health, but which, ultimately, could be construed as dangerous or made illegal if registration processes become too extensive. Registration also tends to drive everything further towards the mainstream medical model, for the sake of universal conformity, for administrative purposes, and to obliterate traditional knowledge and practices. Cultural losses in the areas of ethnomedicine and traditional medical knowledge may not be intentional, but should be intentionally avoided – this will not happen with greater registration of CAM practitioners, in my opinion. In fact cultural losses are much more likely. Yet people have the legal/constitutional right to preserve their cultural traditions and knowledge.
Despite the prevalent and scandalous medical view of herbal and homeopathic medicine as potentially dangerous or risky, and especially (no doubt due to it offering a window by which such claims might be justified) the portrayal of herbs and homeopathic remedies as threatening the supposed stability of medical treatments by 'reacting' with them, I believe that it is very clearly, widely and well known that herbal medicines and homeopathic medicines are generally safe and do not usually pose any risk to consumers. Most of the furore about safety, as I understand it, remains as a hangover from the days of witch burning, and is purposefully used and hyped up to justify and support the dominant stance of mainstream medicine, which is generally accepted by government policy makers as the 'norm', but which stands, philosophically, against most CAM.
Although I agree that some herbs may, for instance, exacerbate the effect of

blood-thinning medications, and consumers should therefore be informed about them, it is however the case that medical drugs cause an inordinate amount of iatrogenic disease, hospitalisations, and deaths, mainly not well publicised, without any use of alternative medicines, whereas herbs and homeopathics cause, comparatively and relatively, very few problems, whether or not they are used in conjunction with medical drugs or treatments. It is likely that in many cases, a reduction of medical drug dosages rather than a reduction of CAM medicines may improve health – this fact is usually overlooked by medical interests. Furthermore, the informed and deliberate choice by many patients to use CAM remedies without informing their medical practitioners, to attain notable health benefits, and with few reports of side effects, should further convince us that these remedies are generally safe, and that the over-emphasis on 'risks' associated with their use is not motivated by facts.

Training standards of naturopathic, herbal and homeopathic practitioners are today very high. Courses include a huge amount of clinical, diagnostic, and physiological information of the kind studied by medical students, as well as extensive knowledge about traditional forms of CAM and their contemporary evolution. It is not realistic for medical or political stakeholders or interests to represent graduates of these courses as unknowledgeable or less capable of doing their particular job in clinical practice than, for instance, medical graduates. They are taught appropriate referral practices to medical practitioners when necessary, and furthermore, are reknown for having a high level of care and involvement with patients, evidenced especially by the considerably greater time spent in consultation than is the case in medical contexts, which itself often goes a long way towards improving patient health outcomes. Also, professional CAM associations ensure that their members have adhered to high standards and established requirements for education and clinical experience, prior to allowing them to join. This in itself offers the public a great deal of protection with regards to many types of 'professional' practitioners of CAM.

I am very fond of the traditions of herbal medicine. I would like to put forward the following point of view based on an understanding that most information 'proven' about herbs by contemporary research (phyto-therapeutics) is firstly motivated through reference to indications for herbs that derive from traditional knowledge and very long-established usage. These practices and knowledges evolved long before contemporary science and medicine, and before current research methods were developed. Personally, after twenty or so years at uni and with several degrees and diplomas behind me, in both CAM and mainstream fields, I see no reason why a folk or kitchen herbalist or a self-taught homeopath, for instance, should not be free to 'prescribe' non-scheduled/non-toxic herbal or homeopathic medicines for their friends and family (or for a willing fee-paying clientele for that matter) without fear of litigation. Complaints about CAM, especially self-prescribed CAM, are so few, and medical complaints in contrast, though many, are often very hushed up or glossed over.

I would like to see 'folk' herbalism and Indigenous or traditional practices championed in Australia, as part of the culturally diverse heritage of this country, instead of being railroaded out, portrayed as 'risky' by a medical/pharmaceutical lobby which effectively takes up parts of the traditional knowledge (as a form of 'biopiracy') whenever it suits it self to do so, yet continues to marginalise and scapegoat herbal, homeopathic and traditional practitioners, and Indigenous sources.

I would also like to see self-medication, which is very commonly practiced by Australians of all walks of life (both with CAM and OTC drugs), supported by government policy that aims to fully inform the public about potential risks or side effects, instead of trying to prevent this from happening and instead send everyone off to the doctor who is then supposed to gate-keep (and financially benefit).
Registration of CAM practitioners, while offering improved status and possibly greater access to insurance for some, will make it even more difficult and expensive for many CAM graduates to establish their practices in a competitive and flooded market. Already a very high percentage of graduates do not successfully establish themselves in business long-term, due to the lack of support for them in Australia's present health system, and this great body of training is wasted, as it were, in part due to the seemingly insurmountable challenge of attempting to marry an alternative worldview, however well informed, with a mainstream capitalist profit-focused business structure.
Although I understand that some professional CAM practitioners believe that they are discriminated against in a professional field of healthcare practice through not being

Instead I would prefer to see a practice environment that permits acknowledgement and support of CAM practitioners, perhaps in a way more similar to the respect accorded to nutritionists/dieticians, physiotherapists, podiatrists, psychologists, counsellors, and other non-regulated practitioners who work in the allied health field. This approach would not only open up a greater job market, in community health, and amongst allied health practitioners, for CAM practitioners, but would serve to improve their status through encouragement of wider public acceptance. It would also enable access to CAM practitioner services by poorer Australians, who are presently either not receiving any CAM medicine, which could improve their health, or else are largely self-medicating, including at times when they would benefit greatly from professional advice and guidance. This inequity of access is unfair, and denies equal right of access to available health services for poorer Australians.
CAM practitioners are not attempting to do the same job as medical doctors (in some ways quite the opposite is to some extent becoming true). However (and perversely perhaps), the medical/ pharmaceutical lobby tends to put a lot of pressure on CAM practitioners, and to imply that they are not adequately trained or knowledgeable for their role. I would strongly dispute this, and contend that it is inappropriate, and should be recognised and counteracted by the government. Population health could also be improved on a broad scale by including professional CAM practitioners (members of CAM associations) among the waged allied health staff of community health clinics. This does not depend on registration.
It is not suitable for the government to pander to a medical profession which takes up traditional knowledge and adapts it to a clinical medical context when it wishes, while contributing to reduction of traditional knowledge and culturally enmeshed value systems; which denigrates the traditional herbalist, for instance, amongst other practitioners, and minimises their potential role in benefiting population health, while simultaneously 'borrowing' herbal medicines to prescribe medically; which also renders herbs, despite their long safety record, as dangerous (and then only suitable to be prescribed by medical professionals who, despite their status, most usually know little or nothing about them).

Sincerely,
Ms Tass Holmes
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