CHAPTER 4

COMPLEMENTARY AND ALTERNATIVE THERAPIES

> Cancer is a chronic condition. In order to get the best result, you need to be able to use every possible resource.[1]

4.1 Although the terms of reference refer to less conventional treatments, this chapter will refer to the more commonly used terms complementary and alternative therapies and distinguish between them. It will outline the current approaches to complementary and alternative cancer treatments, paying particular attention to efficacy and research. The role of government in this field is also discussed. This chapter also considers what is required to progress the acceptance of complementary therapies by mainstream medical practitioners, improve the information available for health professionals and patients on complementary therapies and describes a model of integrative medicine for the health system to work towards.

The great divide: conventional and complementary treatment

4.2 From the evidence presented, there is no doubt that there is a division in Australia between conventional cancer treatment services and the health professionals who work in them and the complementary therapies offered, most often by practitioners outside the conventional system. The Brownes Cancer Support Centre at Sir Charles Gairdner Hospital summed up this divide by commenting that 'in the minds of many mainstream healthcare practitioners all less conventional therapies are tarred with the same brush of being alternative'.[2]

Definitional issues

4.3 It was clear from witnesses that terminology is a very important issue to take into account and the terms currently in use must be clearly defined. In Australia, the proposed Therapeutic Goods Administration (TGA) definition of complementary medicine is:

> Complementary medicines (also known as 'traditional' or 'alternative' medicines) include vitamin, mineral, plant or herbal, naturopathic and /or homeopathic preparations and some aromatherapy products.[3]

4.4 The definition of complementary therapies and complementary medicines used in the report *Complementary Medicines in the Australian Health System* was:

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1 *Committee Hansard* 18.4.05, p.61 (Professor Sali).

2 *Submission* 30, p.8 (SCGH Brownes Cancer Support Centre).

3 Accessed through http://www.tga.gov.au/docs/html/cmfact3.htm on 11.5.05.

> 'Complementary therapies' include a diverse group of health-related therapies and disciplines that are not considered to be part of mainstream medical care in Australia. 'Complementary medicines' include herbal medicines, vitamin and mineral supplements, other nutritional supplements, traditional medicines such as Ayurvedic medicines and traditional Chinese medicines, homoeopathic medicines, and aromatherapy oils. [4]

4.5 The Gawler Foundation stated that 'the definition of key terms as they apply to cancer medicine has been the subject of some debate. There are many terms that are used to describe this area and there is a pressing need for agreement on what these terms actually mean'. Based on definitions used by the USA's National Centre for Complementary and Alternative Medicine (NCCAM), the Gawler Foundation offered the following clarification:

> 1. Complementary medicine or therapy is used together with conventional medicine. Another interpretation is a medicine or therapy that is used in addition to mainstream medicine or complements health or specific therapies or treatment; and
> 2. The term alternative medicine is used in place of conventional medicine.[5]

4.6 Overseas, complementary and alternative medicine and therapies tend to be grouped together. The definition proposed by the National Centre for Complementary and Alternative Medicine at the US National Institute of Health, is used by the National Cancer Institute (NCI) and reported in scientific literature:

> Complementary and alternative medicine is a group of diverse medical and health care systems, practices and products that are used to diagnose, treat and/or prevent illness and are not used in conventional medicine…The term complementary represents those taken in addition to generally accepted practice, while alternative therapies are those undertaken instead of conventional medicine.[6]

4.7 Complementary and Alternative Medicine (CAM) was explained by Mr Lerner in the following way:

> Terminology is a floating issue but I can offer the following rough guide. Alternative therapies tend to refer more to the hard therapies that I spoke of: alternative pharmaceuticals and things like that. Complementary therapies tend to refer to therapies that are used in combination with mainstream therapies. The term of art in the field these days is 'CAM therapies' - complementary and alternative medicine.[7]

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4 *Complementary Medicines in the Australian Health System*, Expert Committee on Complementary Medicines in the Health System, September 2003, p.12.

5 *Submission* 45, p.4 (The Gawler Foundation).

6 Accessed through NCCAM website http://nccam.nih.gov/health/whatiscam/#1 on 11.5.05.

7 *Committee Hansard* 12.5.05, p.5 (Mr Lerner).

4.8 Mr Lerner spoke of making a distinction between 'soft' and 'hard' therapies, describing soft therapies such as massage, visualisation, imagery and support groups as working on psychological, physical and spiritual levels and hard therapies being such things as alternative pharmaceutical intervention, and alternative herbal intervention. He stated that 'the hard therapies are looked at with much more questioning – and with good reason, because the soft therapies intrinsically enhance quality of life'.[8] He suggested that the 'soft therapies do not require that kind of evaluation because they intrinsically enhance quality of life, and that is reasonably associated, to some degree, with life extension for some people with some cancers'.[9]

4.9 Cancer Support UK, based at the Royal Marsden Hospital defines complementary therapies as a range of therapies based on holistic treatment. They are not seen as an alternative to conventional treatment but help to live with cancer and to cope with the side effects of treatment.[10] Dr Kohn, Complementary and Alternative Medicine Adviser from Macmillan Cancer Relief in London, supported this definition but added that patients now want to know if there are any therapies that apart from making them feel better, may have an effect on the cancer. She said the problem with any alternative cancer cell killing therapies such as alternative diets and alternative immune therapies is that there is currently no robust evidence for their effectiveness.[11]

4.10 Some witnesses recommended that the Committee distinguish between complementary and alternative therapies by the claims being made and the way they are being promoted. If the claim being made was that the treatment would treat or cure cancer then it was classed as 'alternative'. If the treatment was used to support the patient undertake conventional cancer treatment then it was termed 'complementary'.[12] Dr Cassileth, Chief, Integrative Medicine Service, Memorial Sloan-Kettering Cancer Centre, New York, commented that there are no viable alternatives and that 'if they were useful and beneficial, they would not be alternatives; we would all be using them in cancer practices. Dr Cassileth was also of the view that if 'something is promoted as a cancer treatment, as a cancer cure, as something that is as good as or better than surgery, chemotherapy and radiation, and we know that that is not viable, that it is bogus'.[13] A similar view was expressed by Professor Currow who stated 'cancer is a diverse group of illnesses under one umbrella term, and the person who has the 'universal cure' does concern me'.[14]

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8 *Committee Hansard* 12.5.05, p.2 (Mr Lerner).

9 *Committee Hansard* 12.5.05, pp.2-3 (Mr Lerner).

10 Accessed through http://cancersupportuk.nhs.uk/mean/default/.asp?cancer_network=0&lang=en%page=5_home.html on 11.5.05.

11 *Committee Hansard* 11.5.05, p.3 (Dr Kohn).

12 *Submission* 36, p.4 (Peter MacCallum Cancer Centre).

13 *Committee Hansard* 12.5.05, pp.7, 11 (Dr Cassileth).

14 *Committee Hansard* 19.4.05, p.20 (Professor Currow).

4.11 The NSW Cancer Institute recommended to the Committee that the TGA definition of complementary medicine be adopted nationally but that it be adapted to make reference to the USA and UK definitions in order to further clarify terms.[15]

Conclusion

4.12 Witnesses from the USA and UK emphasised the value of developing a shared language between mainstream and complementary therapists and the Committee believes that this should start with terminology. The Committee received evidence that the definition of key terms, while similar, are not standardised and this could promote confusion and distrust. While complementary and alternative therapies are often talked about together, the Committee believes it is important to make the distinction between them to facilitate greater understanding between mainstream and complementary therapists.

4.13 For the purpose of this report, the Committee accepts that complementary therapies and complementary medicines are used alongside mainstream cancer treatments. Research has been undertaken and there is either scientific evidence to support their use or it is widely accepted that they do no harm. Alternative therapies and medicines are used in place of conventional treatments, are generally unproven and may cause harm. However, the Committee recognises that some cancer patients choose not to use hospital-based conventional services or for whom conventional treatment options have been exhausted and that in their circumstances alternative therapies are a valid choice.

4.14 There are a diverse range of complementary therapies which according to NCCAM can be grouped into five categories:

- Alternative Medical Systems: including naturopathy, Traditional Chinese Medicine, Ayurveda and homeopathy;
- Mind-body interventions: including patient support groups, cognitive-behavioural therapy, meditation, prayer, mental healing and therapies that use creative outlets such as art, music or dance;
- Biologically based therapies: including herbs, vitamins, minerals and dietary supplements;
- Manipulative and body-based methods: including therapeutic massage, chiropractic and osteopathy; and
- Energy therapies: including acupuncture, therapeutic touch, reiki, qi gong, therapeutic touch, electromagnetic fields, magnetic fields.[16]

15 *Submission* 53, p.11 (Cancer Institute NSW).

16 *Submission* 45, pp 5-6 (The Gawler Foundation).

Prevalence and cost of complementary therapies

4.15 The acceptance and use of complementary therapies is increasing. People want to be more active participants in their own healthcare and this is evident in the increasing use of complementary therapies in Australia and overseas. A systematic review conducted in 13 countries found that between 30 to 64 per cent of people have used complementary therapies. Other studies have found prevalence rates of up to 83 per cent depending on the definitions of complementary therapies used.[17]

4.16 Witnesses confirmed that complementary therapies are being extensively used in Australia, with research showing that about 60 per cent of the population use complementary medicines at least once a year.[18] The 2002 Datamonitor Survey covering the United States and Europe indicates that 80 per cent of cancer patients use alternative or complementary modalities.[19] The use of complementary therapies by cancer patients in Australia is reported to vary widely between seven to 83.3 percent.[20] These figures are significant and cannot be ignored by the health system or health professionals.

4.17 The amount spent on complementary therapies confirms the extent of their use with CAM being a billion dollar business in Australia and a multibillion dollar business globally. Between 1990 and 1997, expenditure in the United States doubled from $US14b to $US28b and this situation is likely to be mirrored in Australia.[21] The Gawler Foundation noted that:

> A South Australian Survey in 2000, estimated that approximately 52 per cent of the Australian population used complementary medicines and 23 per cent consulted practitioners of complementary medicine. This represents an estimated out of pocket spending of $2.3b which is a 62 per cent increase since 1993 and four times the out of pocket spending on pharmaceutical drugs.[22]

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17 Cassileth, B, Deng, G, Vickers, AJ, Yeung, KS, *Integrative Oncology: Complementary Therapies in Cancer Care*, Ontario Canada, BC Decker, p.3.

18 TGA website accessed at http://tga.gov.au/docs/html/cmfact1.htm on 16.5.05.

19 Cassileth, B, Deng, G, Vickers, AJ, Yeung, KS, *Integrative Oncology: Complementary Therapies in Cancer Care*, Ontario Canada, BC Decker, pp.3-4.

20 *Submission* 53, p.9 referencing Verdoef et al, Complementary therapies and cancer care: an overview, *Patient Education and Counselling*, 1999: 38: 93-100 and Richardson et al, Complementary/Alternative medicine use in a comprehensive cancer centre and the implications for oncology, *Journal of Oncology* 2000; 18 (13): 2505-14.

21 Eisenberg DM, Davies RB, Ettner SL, et al. Trends in alternative medicine use in the United States, 1990-1997. *JAMA* 1998; 280: 1569-1575 quoted in *Medical Journal of Australia*, Complementary and alternative medicine: an educational, attitudinal and research challenge, 2000:172: 102-103.

22 *Submission* 45, p.6 (The Gawler Foundation) quoting a study by MacLennan, AH, Wilson, DH, Taylor, AW, The escalating cost and prevalence of alternative medicine, *Prev Med* 2002; 35:166-173.

4.18 Estimates provided by industry suggest that the current retail turnover of complementary medicines in Australia is approximately $800m.[23] In 1993 the figure was $621m with $309m spent on visiting complementary practitioners.[24]

What motivates people to use complementary therapies

> …As orthodox physicians, complementary therapies are helping us reassess the basic tenets of good care, such as the value of things like good healing partnerships. This is not just about compliance. Patients will often say they have a wonderful therapeutic relationship with their complementary therapy practitioner. So there is a lot that orthodox medicine can lean from this too.[25]

4.19 The reasons behind the growth in complementary therapies include: patients receiving greater individual attention from practitioners, holistic values, dissatisfaction with medical outcomes, a desire for improved health, increased access to health information as well as a growth in research based evidence supporting the effectiveness of complementary medicine.

4.20 People who experience limited success with conventional medicine will turn to complementary medicines and complementary therapies and this includes people with illnesses such as cancer. Some are dissatisfied that medical practitioners do not allow sufficient time to discuss their health concerns or provide adequate explanations. Complementary practitioners generally have longer consultation times and focus on a patient's lifestyle as well as symptoms. There is a shift towards a more holistic view of health, encompassing mind, body and spirit as well as an increased interest in health prevention strategies such as diet and stress management.

> The mental state of mind as well as the physical strength of the body are two major areas of neglect in traditional medicine. Strength of body and mind can only improve a person's overall ability to fight this disease.[26]

4.21 There has also been a growth in evidence based research into the safety and effectiveness of complementary medicines and complementary therapies which means that more general practitioners are referring their patients to complementary health practitioners, with some undertaking training to provide it in their practice.[27]

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23 *Complementary Medicines in the Australian Health System*, Expert Committee on Complementary Medicines on the Health System, 2003, p.37.

24 *Complementary Therapies Literature Review*, Cancer Institute NSW, p.1.

25 *Committee Hansard* 11.5.05, p.10 (Dr Kohn).

26 *Submission* 84 (Mrs de Vries)

27 Much of the information from this section was drawn from the Women's Health Queensland Wide Inc, Health Information – Health journey Summer 1999 *Complementary Medicine* accessed at http://womhealth.org.au/healthjourney/complementarymedicine.htm on 17.2.05.

> If these therapies are helping them to get through the uncertainty, to live better with their cancer, then there is no doubt that there is something that is of great importance.[28]

Comparisons with overseas practises

4.22 What happens in 2005 in terms of complementary therapies is very different to the attitudes and hostilities during the 70s and into the 90s. There has been a softening in attitude by most areas of the medical profession due to some complementary therapies beginning to be used in the conventional sector, especially in palliative care; the support of complementary therapies by a few conventional practitioners who sought out scientific evidence to back up the application of complementary therapies; a surge in the adoption of these therapies in overseas cancer centres and an ever increasing consumer demand.

4.23 In Europe, complementary medicines have a long tradition and have been routinely used side by side with conventional cancer treatments for many years. In the USA and the UK, complementary therapies are also widely accepted and used to assist patients with mainstream cancer treatment. However, from the submissions received and evidence heard by the Committee, Australia would seem to be a long way behind the USA, UK and Europe in terms of the acceptance of complementary therapies by medical practitioners and their automatic inclusion in the treatment plan for a cancer patient.

4.24 In Australia, complementary therapies are not used in most settings as a primary treatment of cancer and this was heavily emphasised by several complementary therapies witnesses representing professional organisations.[29] Primary treatment is provided in the conventional setting by orthodox medical practitioners and complementary therapies are provided to involve and empower the patient, reduce side-effects and contribute to their well being. Witnesses also said that complementary therapy could help the patients extend survival time.[30] Dr Cassileth, Memorial Sloan-Kettering Cancer Centre, New York, reported that the many kinds of pain, side-effects and symptoms associated with cancer cannot be well addressed by mainstream treatments.[31] Complementary therapies are also used to help prevent cancer in healthy people, especially those who may have a genetic predisposition, or to prevent cancer re-occurring in patients who have been successfully treated.

4.25 The view of Nutritional Medicine Doctors and the Australasian College of Nutritional and Environmental Medicine (ACNEM) is that the nutritional status, from

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28 *Committee Hansard* 11.5.05, p.10 (Dr Kohn).

29 *Submission* 64, p.3 (Australian Traditional Medicine Society); *Committee Hansard* 19.4.05, p.94 (Mr Khoury).

30 *Submission* 45, p.16 (The Gawler Foundation); *Committee Hansard* 12.5.05, pp.1-2 (Mr Lerner).

31 *Committee Hansard* 12.5.05, p.7 (Dr Cassileth).

a biological perspective, of cancer patients is not taken into account in the Australian health system. It is their view that many patients suffer nutritional deficiencies and metabolic imbalances as a consequence of their disease and sometimes because of the severity of the treatment. Dr Peter Eng stated that these patients need to be managed nutritionally and with diet and appropriate supplements. Dieticians in conventional hospitals do not have the time and, in general, are not trained in the practice of nutritional medicine as utilised by nutritional doctors trained by ACNEM. Also, very few doctors in Australia have had any training in nutritional medicine or have had specific training in the management of cancer patients using diet, nutrients, micronutrients etc to either improve the outcome of orthodox management (drugs, surgery and radiotherapy) or reduce the impact of the cancer on the individual patient and thus improve the prognosis.[32] Examples of research supporting this argument were provided by Dr Eng.[33]

Evidence for complementary therapies

> My belief and my experience in doing research is that complementary and alternative treatments are going to provide us with much better ways of dealing with chronic cancer than we had before.[34]

4.26 The Committee heard conflicting statements by witnesses regarding whether sufficient scientific evidence for complementary therapies is available. There is continuing criticism by conventional doctors that there is a lack of hard scientific evidence to support the widespread use of complementary therapies in the health system. However, witnesses from Australia and overseas expressed surprise at this view, indicating that many complementary therapies have been studied and scientific evidence of their efficacy have been published. Indeed, a number of submissions included extensive bibliographies of published evidence.[35]

4.27 Mr Lerner advised that there is a very substantial research literature showing that some of these therapies can enhance quality of life. He commented that evidence is well established in psychosocial therapies for cancer such as meditation, support groups and relaxation. Dr Cassileth emphasised that many people have published randomised clinical trials at the highest levels of science on the merits of acupuncture, music therapy, yoga, tai chi massage therapy, meditation and others.[36] 'There is

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32 Dr Peter Eng, Personal communication 18.5.05.

33 *Cancer Research* Vol 54 Issue 22 5848-5855, 1994. *Cancer Research* 59, 3991-3997, August 15. 1999; Qinghui, M, Yuan, F, Goldberg, I,D, Rosen, E.M, Auborn, A, Fan, S, Indole-3-carbinol is a negative regulator of oestrogen receptor – Signaling in Human Tumour Cells, *The Journal of Nutrition*; Dec 2000: 130, 12. *Submission* 67, Information dated 23.5.05 (ACNEM).

34 *Committee Hansard* 11.5.05, p.11 (Professor Maher).

35 *Committee Hansard* 12.5.05, p.8 (Dr Cassileth), *Committee Hansard* 18.4.05, p.75 (Mr Spijer); *Submission* 45, p.8 (The Gawler Foundation); *Submission* 26, pp 14-15 (National Herbalists Association of Australia); *Submission* 67 (ACNEM); *Submission* 12 (Professor Bloch); *Submission* 59 (Oncology Social Work Australia).

36 *Committee Hansard* 12.5.05, p.8 (Dr Cassileth).

evidence from randomised trials supporting the value of hypnosis for cancer pain and nausea; relaxation therapy, music therapy, and massage for anxiety; and acupuncture for nausea'.[37]

4.28 Mr Michael Lerner, offers a scientific appraisal of complementary therapies in his book *Choices in Healing: Integrating the Best of Conventional and Complementary Approaches to Cancer*. When speaking to the Committee he stated that 'it was the first book on integrative cancer therapies to be well reviewed in the scientific literature as well as the lay press'.

4.29 In support of complementary therapies, Mr Lerner described the benefits of a healthy body and mind in living with cancer:

> Any human being who starts taking care of themselves physically, mentally, emotionally and spiritually tends to become a healthier human being. That means you are a healthier human being with cancer. That means you have what oncologists call better functional status. Functional status in drug tests is reliably associated with longer survival, which is why they control for functional status when they test pharmaceuticals, otherwise they cannot figure out to what degree you are living longer because you are in good shape and to what degree you are living longer because of the new pharmaceutical.[38]

4.30 Some witnesses suggested that natural and traditional therapies should not be judged according to the paradigm of mainstream medicine.[39] Supporters of complementary therapies pointed to the overwhelming influence of the pharmaceutical industry in the conventional health sector and claimed that it is in the best interests of this industry that complementary therapies do not gain a foothold in Australia's public health system.[40] This negative attitude within mainstream medicine was taken a step further, with some submissions arguing that alternative cancer therapies are being suppressed as they challenge the prevailing cancer paradigm and serve the vested interests of the status quo.[41] Several witnesses commented on this viewpoint. Mr Lerner indicated that:

> In the course of studying complementary and alternative cancer therapies over the last 25 years I have reached a number of conclusions that I think have stood the test of time. The first is that I have seen no clear-cut cure for any form of cancer among the complementary and alternative cancer therapies in the sense of any treatment that reliably reverses any form of

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37 Vickers, A.J and Cassileth, B.R, Unconventional therapies for cancer and cancer-related symptoms, *Lancet Oncology*, 2001; 2:226-232.

38 *Committee Hansard* 12.5.05, pp.1-2 (Mr Lerner).

39 *Submission* 60, p.5 (Australian Natural Therapists Association) and *Submission* 26, p.6 (National Herbalists Association of Australia).

40 *Submission* 56 (Burke Road Medical Centre).

41 *Submission* 15 (Cancer Information and Support Society); *Submission* 56 (Burke Road Medical Centre); *Submission* 104, p.1 (Mr Colin McQueen).

> cancer. This is a very important statement, because there are many people in the field of these therapies who claim that there are cures out there that are being suppressed. I have never seen that phenomenon.[42]

Dr Kohn commented:

> The difficulty lies in the fact that most of those (alternative) therapies today remain unproven rather than disproven. So as physicians we feel that to justify their use we want to see more robust research evidence, to make sure that they work and that they are safe.[43]

4.31 Conventional practitioners to their credit are vigilant in the context of potential harm to their patients, especially when therapies are offered as a primary alternative to conventional cancer treatment, sometimes at an exorbitant cost and with unrealistic promises of positive results. Negative interactions with conventional chemotherapy and/or radiotherapy were also of concern to conventional practitioners. Dr Kohn from the UK agreed that better information needed to be provided on whether some complementary therapies might interact with orthodox therapies and negate their effects. She mentioned encouraging studies to be available through the mainstream information sources so that clinicians are alerted. She also mentioned looking for more ways to educate physicians and make the information easily accessible to facilitate a dialogue between patients and medical practitioners.[44]

4.32 To improve the information available on complementary therapies and ensure safety, Professor Maher suggested three steps. First, an information strategy to get information to health professionals and patients by making use of information, studies and research produced by other countries, backed up with information on safety. Second, a national research program and third, an exemplar centre that is associated with a very highly respected cancer centre.[45]

Research into and regulation of Complementary Therapies

> If we can take a message away from some of this it is not to be unquestioning in our examination of the evidence but that at the same time we need to invest a lot more time and resources into the research which can be not only effective for quality of life, mental health and emotional health, but also potentially can save large amounts of resources for the system itself in that it supports people and helps to prevent or make more simple the management of various complications as well.[46]

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42 *Committee Hansard* 12.5.05, p.1 (Mr Lerner).

43 *Committee Hansard* 11.5.05, p.3 (Dr Kohn).

44 *Committee Hansard* 11.5.05, p.6 (Dr Kohn).

45 *Committee Hansard* 11.5.05, p.6 (Professor Maher).

46 *Committee Hansard* 18.4.05, p.59 (Dr Hassed).

4.33 The vast majority of research on complementary therapies and medicine has been conducted in the USA where a significant effort has been made with research primarily funded by government. In the USA, the Office of Cancer Complementary and Alternative Medicine (OCCAM) was established in 1998 within the National Cancer Institute (NCI) to coordinate and enhance activities of the NCI in CAM research as it relates to the prevention, diagnosis, and treatment of cancer, cancer related symptoms and side effects of conventional cancer treatments. Since its creation funding has almost tripled to $119m in FY 2003.[47] In 1998, the National Center for Complementary and Alternative Medicine was also established and is dedicated to exploring complementary and alternative healing practices in the context of rigorous science training complementary and alternative medicine researchers and disseminating authoritative information to the public and professionals. In FY 2005 it received $123.1m from Congress.[48]

4.34 Dr Kohn reported that in the UK the National Cancer Research Institute has a complementary therapies clinical studies development group which is looking at prioritising areas for study and methodological issues.[49] Professor Maher emphasised that dedicated money from government is necessary for research in this area to develop, as was the case in the USA.[50] Australia has no such equivalent organisations directing and prioritising research into complementary therapies.

4.35 The Committee heard from a number of witnesses suggesting that research funding for complementary therapies in Australia is inadequate.[51] Research grants are made available by the National Health and Medical Research Council (NHMRC) which is a statutory body within the health portfolio. Since 2001, of the $1b allocated to research on pharmaceutical drugs, no more than $85,000 has been made available for research into complementary therapies.[52]

4.36 As therapies cannot be patented, which limits the amount of profits that can be made, the government cannot rely on industry alone to undertake research and has a role to allocate adequate funding for complementary therapy research.

4.37 Mr Lerner stressed the need for an ongoing research agenda and described a snowball effect when underway:

> Once you create a budgetary stream without increasing your research expenditure – simply saying, 'Let's put one per cent into this area' – then

47 Accessed at http://www.cancer.gov/cam/cam_at_nci.html on 16.5.05.

48 Accessed at http://www.nccam.nih.gov/about/appropriations/index.htm on 16.5.05.

49 *Committee Hansard* 11.5.05, p.7 (Dr Kohn).

50 *Committee Hansard* 11.5.05, p.9 (Dr Maher).

51 *Submission* 64, p.3 (ATMS); *Submission* 26, p. 7 (National Herbalists Association of Australia); *Submission* 45, p.34 (The Gawler Foundation).

52 *Submission* 26, p.7 quoting Benoussan, A, Lewith, G.T, Complementary medicine research in Australia: a strategy for the future, *Medical Journal of Australia* 2004; 181 (6): 331-333.

> you begin to get the academics competing for those research dollars. Those academic competitions for those research dollars make it credible in cancer institutes to study these issues. When they are studied, the oncologists recognise that they are being studied and they are being studied by, obviously, the most credible people, since they want it to be done carefully, and so there is a cascade effect down through the system of beginning a research program. There are certainly a lot of people around the world who could support the able researchers in Australia interested in those kind of things.[53]

4.38 As a first step in developing further research in this area, the Committee suggests dedicating a percentage of research funding each year to ensure a funding stream for research into this area which impacts on the lives of so many Australians.

Recommendation 22

4.39 The Committee recommends the National Health and Medical Research Council provide a dedicated funding stream for research into complementary therapies and medicines, to be allocated on a competitive basis.

4.40 The Committee notes that the *Expert Committee on Complementary Medicines in the Health System* recommended that dedicated funding be made available for complementary therapy research in Australia for a minimum of five years. The government response notes that no decision can be made prior to the consideration of research needs and priorities. The Committee therefore would encourage the speedy implementation of recommendation 34 of the Expert Committee's report.

4.41 The field of complementary medicine is very diverse and trials have been criticised for being methodologically weak. However, this argument was rebuffed by Australian and overseas witnesses who said that while there can be methodological challenges in designing research, randomised controlled trials are possible for complementary therapies.[54] In fact the Committee was told that there is a substantial body of overseas clinical research into complementary medicine. As an example, in 2003, the Cochrane Controlled Trials Register recorded 641 clinical trials of acupuncture, 666 of herbal medicine, and 124 of homeopathy.[55] 'The Cochrane Collaboration is an international non-profit and independent organisation, dedicated to making up-to-date, accurate information about the effects of healthcare readily available worldwide. It produces and disseminates systematic reviews of healthcare interventions and promotes the search for evidence in the form of clinical trials and other studies of interventions'.[56]

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53 *Committee Hansard* 12.5.05, p.7 (Mr Lerner).

54 Ernst, E, Obstacles to research in complementary and alternative medicine, *Medical Journal of Australia* 2003; 179 (6): 279-280; *Committee Hansard* 12.5.05, p.8 (Dr Cassileth).

55 *Submission* 87, p.18 (DoHA).

56 Information accessed at http://www.cochrane.org/docs/descrip.htm on 10.6.05.

4.42 Mr Spijer, Chief Executive Officer of ACNEM, suggested the overseas studies should be used as the basis for studies to be conducted in Australia.[57] Professor Hill, supported this use of research, saying that sometimes NHMRC grant applications fail to take account of existing knowledge.[58]

4.43 The Committee agreed that with the amount of evidence based research available overseas, there is an opportunity for Australia to further tap into that research and make it more widely available for medical practitioners and cancer patients.

4.44 The NHMRC reported that applications for project grants to support complementary medicines research to date have been minimal, with the number of applications ranging from eight to 15 in any one year. The success rate of the applications has varied from 0 per cent in 2004 to 21.4 per cent in 2003, the latter figure being close to the normal success rate for all project grant applications. The NHMRC highlighted that the low success rate reflects a lower competitive standard of the applications as assessed by the NHMRC's peer review process. To improve the success rate they suggested that institutions identify researchers in that area and for the NHMRC to provide mentoring and advice from experienced NHMRC recipients on strategies to improve the number and quality of applications.[59]

4.45 Professor Hill advised that the Cancer Council also funds research on a competitive basis on aspects of cancer research. He also noted that it is difficult for researchers to get funding and suggested mentoring as a way to improve applications.[60] Dr Snyder from the Cancer Council Victoria, highlighted the need for research infrastructure and suggested recognising that non-commercial research should be part of any quality cancer program.[61]

4.46 Dr Kohn emphasised that collaboration is needed across research and practice communities to make sure trials are meaningful in their design. Witnesses, including Professor Aranda from the Peter MacCallum Cancer Centre, also suggested greater collaboration and partnerships to build up complementary therapy research expertise and credibility and agreed specific funding would be required to develop the research infrastructure in this area. Professor Currow also emphasised collaboration and stated 'you have got to get the right relationships; you have got to get the right expertise; you have got to form the right collaborative groups that actually bring the clinical – including complementary care – the research and the ability to attract research dollars together. That is about building collaboration'.[62]

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57 *Committee Hansard* 18.4.05, p.75 (Mr Spijer).

58 *Committee Hansard* 18.4.05, p.18 (Professor Hill).

59 *Submission* 9, p.7 (National Health and Medical Research Council).

60 *Committee Hansard* 18.4.05, p.19 (Professor Hill).

61 *Committee Hansard* 18.4.05, p.21 (Dr Snyder).

62 *Committee Hansard* 19.4.05, p.20 (Professor Currow).

4.47 The demand for complementary therapy from the general population and for people with cancer make it essential that the government exercise its social and ethical obligations to ensure complementary therapies are appropriately researched. The Committee agreed that in order to protect the public, the same rigorous evaluation needs to be applied for complementary therapies as for mainstream treatments. Further, the demonstrated potential of complementary therapies to manage chronic illness and in preventative care represent important national research priorities. In research, Bensoussan also suggests that Australia could become an international leader in evidence-based complementary therapies as medical research expertise is high and clinical trial costs are relatively low.[63]

4.48 However, the fledgling state of Australia's complementary therapy research needs dedicated government funding to develop the infrastructure and expertise. The Committee suggests the body of complementary therapy research conducted overseas is an opportunity for Australia to use and adapt on so that medical practitioners and patients are assisted to make informed decisions. The Committee also agreed that to develop the complementary therapy research infrastructure in Australia, collaborative work needs to be coordinated and prioritised by a central agency.

Recommendation 23

4.49 The Committee agrees with the recommendation of the Expert Committee on complementary medicines in the health system, that the NHMRC convene an expert working group to identify the research needs addressing the use of complementary medicines, including issues around safety, efficacy and capacity building. The Committee recommends that this working group should include complementary therapists in order to develop a strategy to coordinate and prioritise a dedicated research funding stream for complementary medicine and therapy research, taking into account research conducted overseas. The group should also encourage the development of collaborative partnerships across disciplines.

Recommendation 24

4.50 The Committee recommends that the NHMRC develop workshops for complementary therapy researchers intending to compete for funding, where experienced researchers discuss their preparation of research proposals.

Recommendation 25

4.51 The Committee recommends that the NHMRC appoint two representatives, (including one consumer), with a background in complementary therapy, to be involved in the assessment of research applications received by the NHMRC for research into complementary and alternative treatments.

63 Bensoussan, A, Lewith, GT, Complementary medicine research in Australia: a strategy for the future, *Medical Journal of Australia* 2004: 181 (6): 331-333.

Safety and efficacy of complementary therapies

4.52 The Government has a duty of care to ensure that complementary therapies are safe for the public. The regulation of complementary therapies provided by healthcare practitioners is not addressed in any Federal legislation. As such, the Commonwealth has no direct power or authority over the way in which health practitioners conduct their professional practice.

4.53 Complementary medicines are, however regulated under the Therapeutic Goods Act 1989 (the Act), which is administered by the Therapeutic Goods Administration. The Act aims to provide a national framework for the regulation of therapeutic goods in Australia and to ensure their quality, safety and efficacy. Under the Act, 'complementary medicines' that make therapeutic claims are regulated as therapeutic goods. All complementary medicines in Australia are scrutinised for safety and quality by the TGA. The overall objective of the Act is to ensure the quality, safety, efficacy, and timely availability of therapeutic goods, including medicines, supplied or exported from Australia.[64] In Australia, the Office of Complementary Medicines was set up within the Therapeutic Goods Administration to focus exclusively on the regulation of complementary healthcare products.

4.54 Australia has a risk-based system where the level of evaluation and regulatory control of a therapeutic good is based on the relative safety of the product and the seriousness of the condition for which it is intended to be used.

4.55 Generally, therapeutic goods must be either Listed or Registered in the Australian Register of Therapeutic Goods before they can be supplied in Australia. Before a product can be included in the Australian Register of Therapeutic Goods, a sponsor is required to submit an application to the Therapeutic Goods Administration, together with relevant supporting data.

4.56 Whether a product is Listed or Registered in the Australian Register of Therapeutic Goods depends primarily on three matters:

- The ingredients;
- The dosage form of the product; and
- The promotional or therapeutic claims made for the product.

4.57 Registered medicines are assessed as having a higher level of risk, and are subjected to a high level of scrutiny. They are individually assessed by the Therapeutic Goods Administration for quality, safety and efficacy prior to market entry.

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64 Expert Committee on Complementary Medicines in the Health System, Report to the Parliamentary Secretary to the Minister for Health and Ageing, *Complementary Medicines in the Australian Health System,* September 2003, p.55.

4.58 Listed medicines are lower risk than Registered medicines and may only contain ingredients approved by the Therapeutic Goods Administration as being of low risk.

4.59 Indications/claims related to neoplastic diseases (cancers) may only be made after evaluation of the product (and the claims) through Registration of the product. Therefore, claims related to cancer may not be made for Listed medicines. There are currently no complementary medicines Registered for indications/claims related to cancer.[65]

4.60 In May 2003, to reassure the public and maintain confidence in Australia's reputation as a supplier of high quality and safe medicines, the Australian Government established the *Expert Committee on Complementary Medicines in the Health System*. In the wake of the Pan Pharmaceuticals recall it was asked to focus on issues around the supply of safe high-quality complementary medicines, quality use of and timely access to those medicines, and the maintenance of a responsible and viable complementary medicines industry. The Committee recognised three fundamental principles: 'firstly, the need to protect the public health and safety; secondly, the primacy of the right of consumers to be able to make informed choices on matters of healthcare; and thirdly, the ethical responsibilities of all healthcare providers – from manufacturers to healthcare practitioners'.[66]

4.61 The Expert Committee report recommended that the government take a more active role in ensuring that consumers have access to reliable information about complementary medicines, and the skills to interpret this information to be able to make informed decisions. The report also recommended creating a greater awareness among all health professionals and consumers of the potential for complementary medicines to interact with other medicines, and ensuring that consumers are better informed about the potential risk of importing medicines for personal use. It also called on State and Territory governments to introduce legislation to regulate practitioners of traditional Chinese medicine and dispensers of Chinese herbs, based on existing Victorian legislation as soon as possible. The report recommended that internet advertising be considered part of mainstream advertising and be subject to mainstream advertising requirements and protocols. The report also made a number of recommendations about improving the level of research and funding available for complementary medicines.[67]

4.62 In March 2005, the Government responded to the Expert Committee's report, accepting most of the recommendations and stating that it will develop and implement a range of initiatives to improve the regulation of complementary medicines.

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65 *Submission* 87, pp.17-19 (DoHA).

66 *Complementary Medicines in the Australian Health System*, September 2003, p.7.

67 *Complementary Medicines in the Australian Health System*, September 2003, pp.15-34.

Towards Integrative Medicine - Integrating complementary therapies and conventional medicine

A fully integrated approach

People often asked me - and they still do - whether it was the chemo or the other things that made me get well. As far as my experience goes, that is not the right question. What helped me get my health back was a fully integrated approach, which was more than any one discipline could offer. I needed the chemo, the meditating, the diet and the psychological help. From what the doctors said at the time, they certainly did not think that just the drugs could do it. Whether I would have got well without the drugs at all, I suppose I will never know, and I do not think it matters. What did matter at the time was that the Gawler Foundation helped me to pull all the different strands together. There is a lot of expertise in a lot of fields out there but, as a cancer patient, you need them to work together. I just cannot stress that point too strongly.

Committee Hansard 18.4.05, p.56 (Ms Barb Glaser).

> There is a tremendous interest amongst younger physicians and also amongst older physicians in recovering the heart of medicine – the psychological and spiritual reasons why they went into medical practice – and moving away from the exclusively technological and biomedical base on which medicine is taught. I offer that as an indicator that there is a hunger in the medical community for responsible, integrative approaches, which is by no means limited to cancer. I think that hunger really reflects that fact that physicians are part of the culture as a whole and that the culture as a whole has a hunger for these integrative therapies.[68]

4.63 In Europe, there has been a rich, historical tradition of herbal medicine, naturopathy and other complementary therapies, with conventional doctors working with their counterparts in the complementary therapy sector. In the USA and Europe, the benefits of complementary therapies have been acknowledged and are being actively introduced into the conventional health sector as part of what is called integrative medicine (IM).

4.64 Professor Avni Sali, a surgeon and Foundation Head of the of the Graduate School of Integrative Medicine at Swinburne Univeristy of Technology, described integrative medicine as combining the best of both worlds, the scientific aspects of conventional medicine with the scientific aspects of complementary medicine, in order for the patient to get the best result.[69] Michael Lerner also described simply that 'integrative therapies' means 'the integration of the best of both conventional and

68 *Committee Hansard* 12.5.05, p.4 (Mr Lerner).

69 *Committee Hansard* 18.4.05, p.61 (Professor Sali).

complementary areas'.[70] However, in respect of the situation in Australia Professor Sali commented:

> Almost every medical faculty in the US has an integrative medicine component, and I think it is a disgrace that here in Australia more than two-thirds of the Australian public are using some form of complementary medicine and most doctors would not have a clue what their patients are doing. There really needs to be some stimulus in trying to change that culture.[71]

4.65 Courses in IM are now part of the undergraduate and post graduate medical curriculae in many parts of the world but not in Australia. An exception is that Professor Avni Sali was mainly responsible for the establishment eight years ago of the first postgraduate medical school of its kind in IM at the Swinburne University of Technology. The school is primarily focused on educating doctors about complete medicine or IM. Only a handful of Australian universities are currently offering courses in IM, naturopathy and nutritional and herbal therapies.

> Psychosocial therapies and approaches like massage, deep relaxation, exercise and healthy diet – what I call the vital quartet of spiritual, psychological, nutritional and physical approaches to cancer that intrinsically enhance health and quality of life – absolutely are very likely to emerge as tomorrow's mainstream therapies…the evidence that they are becoming mainstream is that more and more cancer centres offer them[72]

Providers of complementary therapies

> The number and type of healthcare practitioners who supply or provide advice to consumers on complementary medicines is large and varied. The group ranges from complementary healthcare practitioners such as naturopaths, TCM (Traditional Chinese Medicine) practitioners, and herbalists, to medical practitioners who may or may not provide complementary medicines to patients but who nevertheless need to be aware of the complementary and the other medicines that patients may be using.[73]

4.66 The Committee noted the variety of groups providing complementary therapies and considered that given the issues raised by the Expert Committee on complementary medicines in the Health Care system, there would be value in forming an umbrella organisation to represent the sector. This organisation would be able to progress recommendations made in the Expert Committee's report such as self-regulation.

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70 *Committee Hansard* 12.5.05, p.5 (Mr Lerner).

71 *Committee Hansard* 18.4.05, p.70 (Professor Sali).

72 *Committee Hansard* 12.5.05, pp.2-3 (Mr Lerner).

73 Expert Committee on Complementary Medicines in the Health System, Report to the Parliamentary Secretary to the Minister for Health and Ageing, *Complementary Medicines in the Australian Health System,* September 2003, p.12.

4.67 The Committee considered that complementary therapy could be better promoted if there was a more positive interaction between the different organisations in order to discuss common policies on issues such as standards and accreditation. Establishing an umbrella organisation may also lead to more positive interaction with associations representing conventional treatment and integration with their services.

4.68 The Committee saw value in a forum being held on a regular basis which professional complementary therapy bodies could attend to discuss State and Territory government initiatives and issues such as accreditation of members.

4.69 In context of the significant number of cancer patients, as well as those being treated for other conditions, who are using complementary therapies, the government has a duty of care to ensure that patients and their carers can make well informed decisions about which complementary therapies will be the best for their needs. At present complementary therapy practitioners appear to be penalised by the health care system. There are no formal interactions at a professional level between complementary therapy organisations and those representing conventional medicine and yet the numbers of patients using complementary therapies continues to grow. The Committee believes that as a first step, the government should provide a threshold for collaboration between conventional medicine and complementary therapists. Dialogue is essential and the dividends from collaboration will be of benefit to cancer patients.

Recommendation 26

4.70 The Committee recommends that complementary therapy organisations form a collaborative group with the authority to negotiate with representatives from the established medical organisations and to make recommendations to government. This body should organise a regular forum for representatives of complementary therapies to come together and discuss issues affecting their members such as regulation, research funding issues, collaboration and health and cancer initiatives at the Commonwealth, State and Territory levels.

4.71 Professor Sali expressed surprise that in general oncology there is so much resistance to looking at other possibilities, particularly in the area of complementary medicine. Oncologists were particularly mentioned as a group of medical professionals where most negative, dismissive and patronising attitudes towards complementary therapies were frequently encountered. The Committee was told that in Australia, most oncologists are very apprehensive about any type of complementary therapy being offered in an orthodox medical setting and some actively discourage people from even investigating complementary therapies. In contrast, in the USA, major cancer centres such as the Sloan-Kettering Cancer Centre in New York and many others provide complementary therapies as part of their multidisciplinary treatment.

4.72 The Committee heard evidence from Dr Barrie Cassileth of the Memorial Sloan-Kettering Cancer Centre in New York and Professor Jane Maher from the Mount Vernon Cancer Centre and the Chief Medical Officer at Macmillan Cancer

Relief in the UK, both of whom support complementary therapies and provide them within their centres. They both quoted figures that 90 per cent of cancer centres in the USA and UK offer some form of complementary therapy be it on a large scale such as Sloan-Kettering or Mt Vernon Cancer Centre or on smaller scales as resources permit. They said their centres arose from consumer demand, from patients wanting to control side-effects and promote optimum health and overall well being.

4.73 Professor Maher told the Committee that touch therapies, mind body, acupuncture, and energy therapy are well accepted in the UK and that medicinal nutritional therapies are offered but at a lower rate. She reported that over the last few years a change has been brought about by patients, and doctors have moved from being dismissive of complementary therapies to appreciating the benefits of improving quality of life and symptoms. Professor Maher said that in her centre they are very comfortable using acupuncture, homeopathy, aromatherapy, massage, reflexology, shiatsu and the Alexander technique.[74] They also provide a directory of available services and offer therapies to carers and staff. Dr Cassileth mentioned that Sloan-Kettering also offers a consultation service for leaders of hospitals and hospital systems who have come to them from all over the world to lean how to put their program in place.[75]

4.74 Dr Hassed commented on the integration of complementary therapies from a systemic perspective:

> The issue of the potential health care savings of a more holistic and integrated approach is vital, because I do not think the health care system as it currently is, with an industry that supports more intervention and more expensive intervention, is sustainable.[76]

Moving to integration - from ideas into practice

> My experience is that the only way that you make progress is actually to have complementary therapists, alternative therapists and medical scientists who have open minds, working together in reflective practice, and then you find the points of contact.[77]

4.75 The Committee asked the expert witnesses from overseas who have already travelled the path that the Australian health system is now moving along regarding complementary therapies as to what they considered would be the most effective methods to implement best practice services and overcome resistance to the use of and integration of complementary therapies. They advised the following:

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74 *Committee Hansard* 11.5.05, p.2 (Professor Maher).

75 *Committee Hansard* 12.5.05, p.9 (Dr Cassileth).

76 *Committee Hansard* 18.4.05, p.70 (Dr Hassed).

77 *Committee Hansard* 11.5.05, p.4 (Professor Maher).

1. Start small

4.76 Professor Maher suggested a step by step approach, where therapies are introduced into centres one at a time so that people get used to them and are able to see the benefits.[78]

2. Develop a shared language

4.77 Professor Maher highlighted that it is important for complementary therapists and medical practitioners to develop a shared language in order to work together, emphasising that shared language promoted a better connection between the therapist and medical practitioners.[79] She remarked that while on the Population and Behavioural Sciences Committee on Cancer Research UK, she had been involved in many discussions and debates which started as stand-offs but then gradually moved together as they found a connection. [80]

3. Use Local Champions

4.78 Dr Kohn mentioned the importance of local clinical champions, people with a very solid, orthodox background who are open minded, who are willing to get involved and be actively supportive.[81]

4. Use and adapt information from overseas

4.79 Dr Kohn referred to not just sharing information resources between countries but adapting them for local needs. She particularly mentioned the national guidelines published by the National Council for Hospice and Specialist Palliative Care Service with the Prince of Wales Foundation which deals with issues such as qualification of therapists and evidence base for therapies used.[82]

5. Location, location, location

4.80 Location of the complementary therapy services was also mentioned as important to promote use for not just the people who are more likely to access these services, namely, higher-educated women but also for men. Dr Kohn mentioned a very successful complementary therapy centre in the UK which is physically integrated within an oncology centre and she reported that they get as many men as women and also people from lower socio-economic backgrounds. She added that patients view it as part of the service, the same as any of the other oncological

78 *Committee Hansard* 11.5.05, p.4 (Professor Maher).

79 *Committee Hansard* 11.5.05, p.2 (Professor Maher).

80 *Committee Hansard* 11.5.05, p.4 (Professor Maher).

81 *Committee Hansard* 11.5.05, p.5 (Dr Kohn).

82 *Committee Hansard* 11.5.05, p.5 (Dr Kohn).

services.[83] Co-location of complementary therapies with conventional cancer treatment also assists with acceptance as the benefits for the patients can easily be seen by the medical practitioners.

6. Education, training and information for medical practitioners

> There seems to be a long lag between research and evidence finding its way into clinical practice and maybe this is the way doctors have been educated; maybe it is the lack of a large amount of money to promote non-patentable products for patients; maybe it has to do with a particular way of thinking about cancer which finds it difficult sometimes to think outside the square.[84]

4.81 Education and training has a very important role to play in breaking down the barriers and resistance to complementary therapies and in improving knowledge. Witnesses stressed that medical practitioners do not have to be experts in offering complementary therapies but they need to be experts in understanding its value or lack of value and able to engage in useful dialogue with their patients. Dr Cassileth commented that she had been asked to write chapters on complementary therapies for every major oncology textbook over the last few years. She also emphasised the wealth of information that is available in medical literature, on the internet on sites such as the Cochrane Collaboration and at conferences. In addition, she has just finalised a book, *Integrated Oncology: Complementary Therapies in Cancer Care* that details all the literature, research and what has been shown to be useful and not useful.

> There needs to be a standard. At a minimum, a modern, trained doctor needs to know about complementary approaches, holistic approaches and integrated approaches. There is a bare minimum, because the number of people who are using these things and not telling their doctors is a significant concern.[85]

4.82 The Committee encourages greater education of conventional medical practitioners in the role that evidence based complementary therapies can play to increase patient well being, quality of life and support their conventional treatment. In 2002, the Australian Medical Association produced a position statement on complementary and alternative medicines which recommended education in complementary medicines so that it could be incorporated into medical practices, called on educational institutions and professional colleges to provide CM education, recognised that evidence-based CM should be part of mainstream medicine and encouraged public education in CM. In 2003, the *Expert Committee on Complementary Medicines in the Health System* recommended education and training of medical practitioners in CM. In 2004, the Royal Australian College of General Practitioners and the Australasian Integrative Medicine Association established a joint

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83 *Committee Hansard* 11.5.05, p.8 (Dr Kohn).

84 *Committee Hansard* 18.4.05, p.58 (Dr Hassed).

85 *Committee Hansard* 18.4.05, p.70 (Dr Hassed).

working party responsible for a number of issues to do with how aspects of CM can be introduced into general practice as well as reviewing the Australian Medical Association's Position Statement and its implications for GPs and other issues.

4.83 The Committee believes that medical practitioners treating cancer patients have an obligation to inform themselves and their patients about a wider range of approaches to cancer and know how to direct patients to find reliable information. An example of information recently released is *A Practitioners Guide to Alternative Therapies* produced by Oncology Mayne Pharma which contains 266 references, refers to information from Sloan-Kettering, the *Medical Journal of Australia* and contains useful websites.

Information for cancer patients

4.84 Many cancer patients do not tell their medical practitioners that they are using complementary therapies as they are worried about their reaction. This has the potential for unsatisfactory risk as some complementary therapies have the potential to affect orthodox treatments.

Doctors' attitude to complementary treatment

Why would I tell my doctor? They don't believe in non-hospital treatments. I don't know if it's working but I know it makes me feel better.

Submission 33, p.8 (Breast Cancer Network of Australia).

4.85 Cancer patients want credible information on complementary therapies. Witnesses said they wanted assistance to be able to find legitimate information and also to identify products and therapies for which there may be no scientific evidence.

4.86 The Expert Committee on Complementary Medicines in the Health Care System recognised the need for more information and recommended that the 'Government needs to take a more active role in ensuring that consumers have access to reliable information about complementary medicines, and the skills to interpret information and make informed decisions'.[86]

4.87 Evidence presented to the Committee identified the vast amount of information that is currently available from many sources including the NCCAM at the US National Institute of Health, the British Columbia Cancer Agency in Canada and at Cancer Support UK, which is part of the British National Health Service. This appears, to the Committee, to present an opportunity to access this information for use in Australia.

86 Expert Committee on Complementary Medicines in the Health System, Report to the Parliamentary Secretary to the Minister for Health and Ageing, *Complementary Medicines in the Australian Health System,* September 2003, p.22.

4.88 However, cancer patients can be vulnerable to people promoting cancer cures with no scientific evidence and at great personal cost and therefore need information from an authoritative Australian source. One witness described his experience to the Committee:

> There is no end on the internet to people trying to sell you things or promote their own therapies for whatever cancer…when you have nothing else to grab onto these things are at the end of the line…There are multilevel marketing people…he wanted me to buy $1,000 worth of supplements every month…I would ask a lot of these people 'show me the proof', and they would tell me every time that they could not afford to run clinical trials.[87]

4.89 The Committee believes that the government has a duty of care to provide this information which will contribute to informed decision making by cancer patients and those supporting them. The Committee considered the Expert Committee on Complementary Medicines in the Health System's recommendation 25 regarding a study to determine complementary medicines information and skills needs of healthcare professionals. The recommendation was accepted by the Government and the Committee considers that work can contribute to the following recommendation to better promulgate information on complementary therapies.

Recommendation 27

4.90 The Committee recommends that Cancer Australia access the information available internationally on different complementary therapies ad alternative products in order to provide up-to-date, authoritative, evidence-based information which can be regularly updated. This information should be made available in different forms and made available to cancer patients and their families as well as health professionals and other interested individuals.

Regulation of complementary therapy practitioners

4.91 In the context of the concerns expressed by health professionals about some practitioners in the complementary or less conventional sector, Dr Hassed suggested the introduction of some form of accreditation and standards.[88] A number of disciplines have already introduced accreditation and the Committee would encourage the development of regulation by professional bodies to further enhance their status and general acceptance and to protect the public from unqualified or poorly educated practitioners.

4.92 In the UK, Dr Kohn advised that only osteopathy and chiropractic practitioners are statutorily regulated but there is well advanced work underway for

87 *Committee Hansard* 20.4.05, p.29 (Mr Pitt).

88 *Committee Hansard* 18.4.05, p.68 (Dr Hassed).

acupuncture and herbal medicine to be regulated and for some other therapies ultimately being self regulated.[89]

4.93 The regulation of complementary therapies provided by healthcare practitioners is not addressed in any Federal legislation.[90] The *Expert Committee of Complementary Medicines in the Health System* made recommendations to introduce nationally consistent regulations to licence practitioners of complementary medicines and self regulatory structures. In its response, the Government noted that the recommendations in these areas are State and Territory responsibilities, and indicated that the matter will be brought to the attention of the States and Territories through the Australian Health Ministers' Conference. The Expert Committee's recommendations are supported by the Committee which would caution that nationally consistent regulations do need to apply to ensure that there is uniformity between the States and Territories.

Integrative medicine as practiced in Australia

4.94 There is no integrative medicine in Australia along the lines of the USA and UK. Some models in Australia where complementary therapies are offered to patients undergoing conventional treatments include the Peter MacCallum Cancer Centre in Melbourne and the Brownes Cancer Support Centre at Sir Charles Gairdner Hospital in Perth. In these centres, complementary therapies, which have been proven to be effective, have been offered alongside conventional treatment.

4.95 The Peter MacCallum Cancer Centre supports complementary therapies aimed at relieving side-effects or improving general well being where there is evidence from appropriately conducted clinical trials.[91] The Brownes Cancer Support Centre at Sir Charles Gairdener Hospital in Perth is based on a UK model developed by Dr Jane Maher, who was a witness during the inquiry.

4.96 These centres were very well regarded by witnesses and medical practitioners the Committee spoke with but they are an add-on rather than an integral part of a comprehensive cancer service. These centres were seen by the Committee as exceptions to prove the rule. That is, there exists a basic rejection by conventional cancer centres in Australia to integrate with complementary therapies for the benefit of their patients and their carers.

89 *Committee Hansard* 11.5.05, p.7 (Dr Kohn).

90 *Submission* 87, p.18 (DoHA).

91 *Submission* 36, p.5 (Peter MacCallum Cancer Centre).

Hospital based support centres

Thirteen months ago I was the same as everyone else out on the street, just trotting along. I found a small lump in my neck. The next thing I knew, there was a diagnosis of cancer. That has turned my whole life completely upside down - in a fairly positive way in the long run but there have been some hurdles to go over along the path… When it came, I suppose the first thing that hit me was the fear of telling my children and my parents. When you think of cancer, you generally associate it with a death sentence. That is how I perceived it until about 12 months ago. So there was a big mental leap to make…. I have had quite a few visits to the [Brownes Cancer Support] centre here. The centre made a huge difference to my perception of going to the hospital. I would go not only to receive chemotherapy and other nasty things but to lie down and have a massage for an hour. At a time close after diagnosis, when I had a veneer of control but where everything underneath was turbulence, it was such an oasis. It was a wonderful place to visit.

Committee Hansard 31.3.05, p.55 (Ms Betsy Bush).

4.97 As the evidence base increases, the Committee agrees that complementary therapies should increasingly be integrated into conventional cancer care centres and the Committee encourages institutions and medical practitioners to use the steps outlined above to facilitate greater access to complementary therapies by their cancer patients.

Recommendation 28

4.98 The Committee recommends that where quality of life may be improved by complementary approaches, methods to make such therapies more accessible be discussed by State and Territory cancer services, including consumer representatives.

Complementary therapy services in the non-government sector

4.99 The majority of complementary therapy services are still funded largely through charities and by individuals.[92] In Australia, in the non-government sector, there are many organisations providing complementary therapies. Some, such as the Gawler Foundation in Victoria, have been providing a service for over 25 years. Their funding comes from fees charged for their services, including retreats, and fund raising. The Gawler Foundation has active participants from conventional medicine on the Board of Management including Dr Craig Hassed from Monash University and Professor Avni Sali. Dr Hassed and Professor Sali both referred to significant amounts of scientific evidence that complementary therapies improve quality of life and may

92 *Committee Hansard* 11.5.05, p.7 (Professor Maher).

extend survival time. Dr Gawler, the founder of the Gawler Foundation, noted that there is quite a body of research and their submission contains about 160 references.[93]

4.100 Dr Gawler referred to the adversarial situations they often found themselves in with some of those representing conventional medicine and institutionalised organisations. The Committee was surprised to hear that despite the Gawler Foundation's historical presence in Victoria and the large numbers of patients and carers that they cater for and successfully assisted, they had not been invited by the Victorian Department of Health to make any contribution to the planned reorganisation of the state's cancer treatment services.

4.101 Bloomhill Cancer Care in Queensland was another organisation providing complementary therapies which the Committee spoke with. It works very closely with all oncology wards in the surrounding area and has a formal partnership with BlueCare Palliative Care Service. Bloomhill provides therapies such as massage, music and art therapies, reflexology, meditation and others as well as counselling. They support not only the cancer patient but the whole family and carers, from the time of diagnosis. The Founder of Bloomhill, Margaret Gargan emphasised that they encourage people to access orthodox medical treatments but utilise complementary therapies as well. Ms Gargan said that in the Bloomhill model, once a person is assessed, they send letters to their doctors to tell them what therapies they are being offered so they are working as a team.[94]

4.102 The popular demand for the complementary therapies offered by these services is demonstrated by the large number of interstate courses run by the Gawler Foundation and Bloomhill expanding into the Blue Mountains in NSW.

4.103 Various Foundations and Associations representing different sectors of complementary therapy, as well as individuals, presented evidence to the Committee. The Committee was concerned to hear from professional complementary therapy organisations that they were not involved with the cancer initiatives being implemented at the State and Territory level. The Committee considers that such disregard of complementary services operating in the non-government sector by government bodies needs to be resolved to encourage the further development of integrative medicine in Australia.

Recommendation 29

4.104 The Committee recommends that State and Territory governments include the views of peak complementary therapy bodies in each State and Territory regarding the planning and delivery of cancer services.

93 *Committee Hansard* 18.4.05, p.68 (Dr Gawler).

94 *Committee Hansard* 20.4.05, p.19 (Ms Gargan).

Conclusion

4.105 The Committee supports the recommendations made by the Expert Committee on Complementary Medicines in the Health System in their Report to the Parliamentary Secretary to the Minister for Health and Ageing in September 2003.

4.106 As noted by Dr Ian Gawler, cancer services are in the early stages of a paradigm shift fuelled by the public demanding better outcomes and better access to information on complementary therapies and medicines. The use of complementary therapies is increasing in Australia and overseas. Some patients are disillusioned with the outcomes provided by conventional medicine and turn to complementary therapies and alternative therapies to alleviate and better manage acute conditions such as cancer. This dissatisfaction can be due to the limited success with conventional outcomes; the lack of time of many medical practitioners to discuss health concerns and provide comprehensive explanations; and the shift to a more holistic view of health which looks at the whole person, including their lifestyle and emotional health and not just their symptoms.

4.107 The Committee recognises that complementary therapies are a priority for cancer patients. People want to be more active participants in their own health and due to increasing information, especially on the internet, they are better informed. Evidence has shown that there are ethical, evidence based integrative approaches to cancer care that enhance quality of life and may contribute to life extension. Patients should be able to access the level of information they require and weigh up information on proven complementary therapies so they can make informed choices about their use. The Committee believes that government has a social and ethical obligation to respond to community needs. Enhancing quality of life is a major social benefit which could be achieved at relatively low cost. As well as the government, the Committee would urge health professionals, institutions and organisations to recognise their social and ethical obligations in this area.

4.108 Evidence based research leads to informed choice and some complementary therapies are now supported by research. They are driven by progressive universities providing more graduate and postgraduate training and their use is being adopted within progressive hospitals. To date most complementary therapy research has been undertaken overseas, even though Australia has a world renowned capacity for undertaking quality research. The development of complementary therapy research in Australia requires dedicated funding along with a strategy to identify priority areas and to assist researchers competing for funding.

4.109 It is apparent from the inquiry that Australia is lagging some distance behind the USA and the UK in the development of the complementary therapy sector and the integration between mainstream and complementary therapies. After speaking to witnesses, the Committee was left with the indelible impression that, in the best interests of cancer patients in Australia, there needed to be an integrative approach based on the models in the UK, the USA and other international centres.

Lisa's story – An integrated approach

When I began my journey in February 2000, I was keen to embrace an Orthodox and Natural approach to Breast Cancer. Although a multidisciplinary tactic to my wellness was suggested in the reading material, when I inquired whom my Naturopath, Homeopath and Chinese Herbalist would be, the silence was deafening. I was soon to realise there was no methodology in place to support the delivery of my request for other modalities. There was also an observable culture of resistance, to the pursuit of legitimate objectives, by a broad range of those in positions of power in the Medical arena.

In 2004 the Cancer returned. My experience this time round was very different, but then so was the disease. The final Diagnoses: Liver, lung kidney, left breast now two lumps, an external tumor on my left side, lymph nodes, neck, right sixth rib, a moth eaten left hip lower spine and pelvic area…

This time I searched for practitioners that were willing to work together. Over the past 12 months my journey has been amazing. I was able to collaborate with 4 different practitioners. My medical heroes are:

Dr. Qi Chen, a Chinese Oncologist who has been practicing Traditional Chinese Medicine (TCM) for over twenty-three years.

Professor Martin Tattersall of RPA with 30 years experience and Australia's first Professor of Oncology.

Michael Trembath who works on aligning both the physical structure and vibrational balance of the body.

Alistair Gray, a Practitioner in Homeopathic Medicine. A discipline committed to the seamless dynamic health of the mind, the emotions, and the physical body.

In the beginning we agreed that they were free to discuss any part of my treatment with each other. I would have regular visits with them – some weekly, some monthly, to have treatments. I was empowered with understanding, knowledge and support to make informed decisions…

Rarely does a day go past without a conversation about health. The more people I speak to the more I hear of such stories and desire for something in addition to their current treatment…We have a responsibility to share these experiences and give other patients the options, remembering we must also respect their choices. We are more than capable of combining many facets of medicine to establish a truly integrated approach and whilst we are at it, a Healthcare system that supports these modalities. This will only happen and be sustainable through continuing education.

Through the course of the past 5 years, I have come to the conclusion that there is an urgent need for a place or center where information of this nature is readily available, with an integrated approach to wellness. There must also be a program of attitudinal change.

Submission 55 (Ms Lisa Whittaker).