



Response by the Australian Natural Therapists Association Limited (ANTA) to the Australian Senate Community Affairs References Committee *Inquiry into services and treatment options for persons with cancer.*

Introduction

ANTA is encouraged by the Senate's decision to investigate this matter. Cancer is an implacable disease placing an ever-increasing toll of suffering on patients, families and even health practitioners.

Given that more than half the Australian population uses natural medicines, and a rising number of people are choosing to consult natural and traditional therapists, it is indeed necessary to clarify and evaluate the range of treatments available so that the patient is granted freedom of choice and has more means to alleviate his/her suffering.

In the case of cancer, dedicated mainstream practitioners, sometimes in despair, point their ailing patients towards "less conventional therapies" as a last resort. By this stage, patients may have built up high levels of toxicity and received other damage through chemotherapy and radiotherapy, creating an additional disease state. Furthermore, their natural regulatory systems have been impaired. Patients, often in desperation, also self-administer a whole range of 'over-the counter' (OTC) remedies, inadvertently adding to the over-drugging and confusion that they are suffering at this time.

Clearly, there is a need for better education of mainstream health practitioners, and the public, about the areas in which natural and traditional therapists can help, and their assistance and collaboration should be sought early in the treatment process. There will also be a need for significant attitudinal change, and a change to funding models, if true collaboration is to be achieved.

Any change to funding models to allow successful natural and traditional treatment of cancer patients to be partially funded by Government, could result in savings overall, given the fact that many expensive mainstream medical interventions are not successful.

Further, the process whereby natural and traditional therapists are called in 'as a last resort' raises a number of legal, duty of care and ethical dilemmas for natural and traditional therapists, which could be addressed by this Committee and potentially addressed by Government.



What is the Association of Natural Therapists Association (ANTA)

ANTA is the oldest association of Natural and Traditional Therapists in Australia, representing approximately 3900 of the most qualified and ethical practitioners in all the disciplines of natural and traditional medicine. You will see from the attached *Profile*, the broad range of natural and traditional disciplines recognised and accredited by ANTA.

Terms of Reference

(a) The delivery of services and options for treatment for persons diagnosed with cancer, with particular reference to:

(i) the efficacy of a multi-disciplinary approach to cancer treatment.

A multi-disciplinary approach to the treatment of cancer, as with many other chronic ailments, is often the treatment of choice for many patients. Many Australians already enjoy the benefits of a multicultural society. Traditional therapies from around the world, including in our own indigenous systems of health care, form an integral part of our heritage, and offer a broad scope of treatment options for all Australians suffering from cancer. The World Health Report 2002, *Reducing Risks Promoting Healthy Life*, broadly defined the term 'intervention' as "any health action - any promotive, preventative, curative or rehabilitative activity where the primary intent is to improve health."¹

However, mainstream medical practitioners usually regard the term 'multi-disciplinary' to mean treatments only within the mainstream paradigm (that is they want to co-operate with their colleague medical practitioners). The inclusion of natural and traditional therapists as part of the multi-disciplinary team early in the treatment process is breaking new ground in most places in Australia. There are however, examples of where this kind of team can offer the best chances of success for patients. There is a requirement, however, for there to be a much better process for publication of successful therapeutic results and for education of the range of practitioners who need to be involved. Acknowledgement has to be made of the fact of the existence of a body of knowledge and the practitioners who live this knowledge. Then communication can be established in an open dialogue.

If the practitioners themselves co-operate (traditional and mainstream), this reduces considerable stress for the patient. At the moment the patient is often left to co-ordinate the range of therapies, and often does not tell one practitioner the remedies prescribed by others adding to the confusion of all.

¹ The World Health Report 2002, Geneva pxiv



The major impediment to collaboration is that natural and traditional therapies work from completely different scientific paradigms from the one used by mainstream medicine. While this is a major hurdle it is not insurmountable and again there are examples of where collaboration around the different methodologies has worked to good effect for patients.

It is important to understand that natural and traditional therapists have reported a range of issues associated with treatment of 'serious' illness, chronic illness and cancer. Some report conflicts between their 'duty of care' and legal issues. There are also concerns about insurance issues, funding and pro-bono work and overall our practitioners are quite strained. A few have experienced burnout. Many have been subjected to a dismissive attitude on the part of mainstream medicine. Similar issues exist for mainstream practitioners who can be threatened with censure, and more, from their regulators, for this kind of collaboration – an utterly unsound situation. Nonetheless, at an individual practitioner level, some tentative, informal and discrete contacts have been made between mainstream and natural/traditional practitioners with the patient's interests at heart.

Practitioners report very co-operative relationships with nurses both in hospital and community-based settings.

For example nurses are pioneering complementary therapies within the medical system to give comfort and healing to their patients.²

(ii) the role and desirability of a case manager/case co-ordinator to assist patients and/or their primary care givers.

Case managers can assist patients and their families to navigate their way through the complex health system, however, the training of practitioners is usually streamed into mainstream or natural and traditional practice and there are very few case managers trained to assist patients to find their way through the labyrinth of choices. In practice, community nurses who may have also trained in natural or traditional therapies, by default assist with this process. A recommendation from this committee could be to train case managers/case co-ordinators in the range of mainstream and natural/traditional therapies available to successfully assist cancer patients.

(iii) differing models in best practice for addressing psycho/social factors in patient care.

Under point (b) (ii) below, reference is made to a range of small clinics, spas and hospitals found overseas. While these facilities are showing positive results in the treatment of chronic and cancer patients, attention is always paid to psycho/social factors in patient care therein. Three inter-related

² Complementary Therapies in Nursing and Midwifery, from Vision to Practice, Pauline McCabe (Ed) Victoria, 2001. pv



scenarios are worth highlighting as they seem to demonstrate best results - therapies which stem from:

- a religious/spiritual basis (eg Christian, Buddhist, Anthroposophic)
- an ethnic background (eg Greek, Chinese)
- a therapeutic discipline base (eg Naturopathic, Homeopathic, Acupuncture/TCM etc.)

We believe optimum results would be obtained, particularly for rural and regional Australia, if small clinics/hostels of this kind were to be established which are culturally inclusive, or culturally specific, with spiritual/religious nurturing and which can access natural and traditional therapies, which these communities are more comfortable with. This will complement mainstream medicine and will provide a range of therapies on an equal footing with urban Australia.

(iv) differing models and best practice in delivering services and treatment options to regional Australia and indigenous Australians

The Royal Commission into the Aboriginal Deaths in Custody (1991) recommendations 246-271 addressed this issue. For example,

Recommendation 253:

“That the physical design of and methods of operating health care facilities be attuned to the needs of the intended patients. Particularly where high concentrations of Aboriginal people are found, their special needs in these regards should be taken into consideration. The involvement of Aboriginal people in the processes of designing such facilities is highly desirable.”

Recommendation 254:

“That health departments and other mainstream health authorities accept as policy, and implement in practice, the principle that Aboriginal people should be involved in meaningful ways in decision-making roles regarding the assessment of needs and the delivery of health services to the Aboriginal community. One application of this principle is that efforts should be made to see that Aboriginal people are properly represented on the Boards of hospitals serving areas where Aboriginal patients will be a significant proportion of hospital clients. “

Mainstream services need to be more culturally inclusive and the inclusion of traditional indigenous health practices into the current mainstream medical model would fall within the above recommendations. The inclusion of other natural and traditional therapies, very akin to indigenous practices, would broaden the choice even further. Indigenous Australians suffering with cancer



and other chronic ailments would be able to exercise their choice in selecting from a far more complete range of therapies on offer, bringing their health services more into line with those of non-Indigenous patients particularly in urban areas.

It is important to understand that many indigenous Australians find the mainstream medical paradigm (and particularly cancer treatment) to be hostile and invasive. Alternatively, our natural and traditional therapies are closer to their more inclusive values, attitudes and beliefs. We share a similar world-view, our traditional /natural therapies being more attractive and suited to indigenous people which shows itself in our practitioners reporting ever increasing numbers of indigenous patients.

This raises serious funding issues. Because there is no Government subsidy for natural and traditional therapies, and because indigenous Australians are more likely to be from lower-socioeconomic groups, this work is often undertaken by our practitioners on an unacknowledged *pro bono* basis. This is a serious equity issue for our indigenous population, which should not be placed in a position of having to rely on what amounts to charity.

Funding levels need to reflect free choice of treatment options. Mainstream services need to be more culturally inclusive and it is vital that stakeholders, especially community representatives, should be involved at all levels of decision-making, implementation, monitoring and review.

The *Medical Journal of Australia* (MJA 2004; 180 (10): 517-520) supports this view:

“In current health policy there is little attempt to recognize the differences in culture between black and white. The holism of Aboriginal health involves not just a "wholeness", but a series of mutual obligations. Aboriginal Medical Services attempt to provide culturally "secure" services (i.e. services based on Aboriginal preferences where differences in culture do not create additional barriers to use). Their poor funding levels, however, severely restrict them in this.

Mainstream services make almost no effort to understand or provide culturally secure services.”

“... white Australia must learn to understand Aboriginal culture, particularly with respect to its fundamental philosophy of "communitarian solidarity". Only then can social institutions, such as healthcare services for Aboriginal people, be built on a genuine understanding followed by accommodation of the hopes and aspirations of Aboriginal people. **More directly, only then can Aboriginal people have the chance to have health services delivered to them that are, by right, as accessible (in the broadest sense) as they are to white Australians.**”



“... Aboriginal communitarian preferences must drive Aboriginal health services, their funding and their performance indicators. Unless the governance of Aboriginal organizations is based on Aboriginal cultural values, these services will not function effectively or efficiently.”³

The “broadest sense” implies the widest inclusiveness of treatment options. To offer only mainstream health services is to deny the patient and his/her family the right to choose that therapy which is most appropriate to his/her needs.

The Committee may be interested to note that in the *Australian Wartime Pharmacopoeia*, (1942) some indigenous medicines were listed. Clearly, when there were severe shortages of other mainstream medicines, it was deemed appropriate to use other remedies. (Homoeopathic and Herbal Therapies were similarly used extensively, and very successfully, in wartime Europe.)

(v) Current barriers to the implementation of best practice in the above fields.

This point has been addressed above. In summary the main barriers are funding, conflicting medical paradigms, and the need for a fundamental change in attitudes. These are significant barriers, however, addressing them would result in better health outcomes for patients and potentially less cost to the health budget. Certainly better cultural awareness and knowledge of the range of therapies available for the treatment of cancer would be a step in the right direction.

- (a) How less conventional and complementary cancer treatments can be assessed and judged, with particular reference to:**
- (i) the extent to which less conventional and complementary treatments are researched, or are supported by research;**

The vital issue from ANTA’s viewpoint is that natural and traditional therapies need to be assessed within the parameters of natural and traditional medicine and must not be assessed and judged according to the paradigm of mainstream (Western) medicine. Complementary medicines and natural remedies have demonstrated their efficacy through the past hundreds and thousands of years. Their effectiveness and safety have had to be demonstrated by ‘age old’ phenomenological, empirical and holistic scientific

³ Institutional Racism in Australian Healthcare: a Plea for Decency, Barbara R Henry, Shane Houston and Gavin H Mooney



methods. Cancer treatments have been, and continue to be judged by these methods in other parts of the world, such as Germany and China. It is absurd to imagine that in Australia, the actual remedies from Herbal Medicine, Aboriginal Bush Medicine, Homoeopathy, Traditional Chinese Medicine or Anthroposophic Medicine are currently all regulated, restricted and subjected to an unsuitable, mainstream approach.

ANTA would be pleased to provide further information about the published research available from phenomenological and empirical studies, which attest to the success of natural and traditional therapies treatment of people with chronic disease and cancer. The extent of the research relies to a great degree on the evidence contained in the traditional uses of the remedy or therapeutic action (acupuncture needle) within the parameters, rules, philosophy and practice of the respective natural and traditional disciplines with their practitioners truly steeped therein.

When both natural/traditional and mainstream remedies are practiced together, clearly it is necessary to devise research assessments and judgments that take account of different paradigms. This is a newer area of widening science that should be supported by this Committee. There is also available a vast body of modern research confirming the efficacy of traditional and modern natural medicines using mainstream scientific methods.⁴

(ii) the efficacy of common but less conventional approaches either as primary treatments or as adjuvant/complementary therapies:

ANTA could provide examples to the Committee of the approach and effectiveness of natural and traditional therapies in both settings (as primary treatments and adjuvant/complementary therapies). We would welcome the opportunity to appear at the hearings to discuss these. Examples are mainly drawn from Europe and China. In particular, Germany, with its ancient spas (hydrotherapy, phytotherapy, remedial therapies) or China where most hospitals fully integrate mainstream (Western) medicine with Traditional Chinese Herbs and Acupuncture to treat cancer patients etc. These examples are made possible and are successful because of the preponderance of “the tradition”, which is not overtaken by the mainstream (Western) medical paradigm.

There are also famous, well established clinics (small hospitals) including, *Bircher-Benner* in Zurich (Diet, Thymus and Enzyme therapy), Dr Issels Clinic in Bad Wiessee (Diet, Foki elimination, Ozone therapy etc) and a vast number of anthroposophic hospitals in Switzerland and Germany (*Viscum album*/mistletoe therapy) All these show positive results by substituting invasive

⁴ International Journal of Immunotherapy, Vol XIII N. ¾ 1997 Proteolytic enzymes modulate the adhesion molecule CD44 on malignant cells *in vitro* pp111. and Proteolytic enzymes stimulate the cytotoxic activity of human granulocytes *in vitro* and *in vivo*. Pp 147



approaches with alternative cancer treatments. Further they also successfully treat radiation damage, chemotherapy effects and repair post-operative damage. The homoeopathic hospitals in England, India, Germany and France show positive results in all of the above.

Unfortunately, the above scenario will only be practicable in the distant future in Australia, however, this Committee could well recommend that such facilities could be piloted here.

Natural and traditional medicine has also been successful in the prevention of cancer. An example from Germany relates to established homoeopathic physicians, who have treated whole families at a deep constitutional level over many years, do not have cancer patients amongst their clientele. As a preventative therapy, these practitioners are working with their patients at a depth of constitution that can prevent degeneration into pre-cancerous states.⁵

(iii) the legitimate role of government in the field of less conventional cancer treatment

As we outlined in our introduction, there are many duty of care, ethical, equity and funding issues, which need to be addressed by Government. Particularly when natural and traditional therapists are treating patients, who have been not so successfully treated by mainstream medicine, there are big risks associated with accepting responsibility for these patients. There have been instances where inappropriate evaluation of our remedies has been conducted according to parameters and criteria that impose a materialistic, reductionist scientific view, and are alien to the science and art of traditional and natural medicine. Already, the prohibition of a vast number of natural medicines is intolerable and has been undertaken on the basis of questionable research methodology. Bitter almonds, *Piper methysticum* (Kava Kava) and Comfrey (*Symphytum off.* Extract or MT) the remedy for non-union of fractures, are cases in point.

In this case Government is playing an illegitimate role by assessing and judging natural and traditional therapies by a mainstream paradigm that is totally inappropriate. Government must ensure that before any rulings are made, prior consultation is undertaken with the appropriate professional associations. These assessments must also be made completely independently, and especially free from any commercial interests.

For natural and complementary therapies to play their full role in the treatment of cancer (either separately, or in collaboration with mainstream treatments) different funding models need to be devised. Natural and traditional therapies are not expensive when compared with the extraordinary costs of cancer

⁵ Dr.med.Adolf Voegeli *Heilkunst in neuer Sicht* (1978 Heidleberg 3rd edition The Illness of Cancer p 201 – 205.



treatment by mainstream methods. If, through government subsidy, cancer patients could have both better health outcomes and be treated more cheaply, this would overall provide a saving to the health budget. ANTA is not seeking Medicare coverage, however, we expect Government should take action to address the needs of indigenous Australian, children, single parents, unemployed people, and pensioners who choose to use natural and traditional medicine for chronic illness and cancer treatment.

These funding issues discussed above also result in great inequities, particularly for indigenous Australians and for those from culturally different backgrounds and from those over-serviced for whom the mainstream medical paradigm is seen as hostile and invasive. Ultimately, funding decisions by government, which exclusively support the mainstream medical industry, are increasing the health budget, reducing freedom of choice for patients and not achieving the best health outcomes. These are serious matters and we look forward to the committee addressing them.

It is the Government's duty of care to its citizens that the field of 'less conventional' cancer treatment is as accessible as possible to all Australians on par with mainstream medicine. This is only possible through equitable funding of the implementation of such treatments in all areas of Australia, but particularly regional and remote ones.

Another role for Government is to ensure the availability of unavailable remedies traditionally used. Governments must allow access to remedies made overseas (strictly for use by accredited and registered practitioners in their practice), which are currently not produced in our country, held up by customs, or prohibited by the TGA.

Conclusion

ANTA would appreciate the opportunity to meet with the Committee at their public hearings in Sydney or Brisbane.