



**National Council of
Women of New Zealand**

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Wahine O Aotearoa

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**Submission to the Medical Council of New Zealand on
Complementary, Alternative and Unconventional Medicine**

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 41 nationally organised societies. It has 33 branches throughout the country attended by representatives of those societies and some 150 other societies. The Council's function is to serve women, the family and the community at local, national and international levels through research, study, discussion and action. NCWNZ has a longstanding history of encouraging the promotion of social and health issues, particularly as they affect women.

NCWNZ has recently had input into the discussion document, "Complementary and Alternative Medicine - Current Policies and Policy Issues in New Zealand and Selected Countries" and it is gratifying to see the Medical Council of New Zealand taking up these issues and setting guidelines for the Medical Profession.

Members of the Health Standing Committee, Branch members and other interested parties were asked for their input into this document. The following is a summary of their comments.

In each section the questions asked were as follows:

In assessing patients doctors must:

- (a) perform a pertinent history and physical examination of patients, sufficient to make, or confirm, a generally recognised diagnosis, and in this meet the standard of practice generally expected of the profession;
- (b) investigate, when necessary, utilising generally accepted modalities pertinent to the patient's complaint. Where any other methods of investigating are being used informed consent must be obtained;
- (c) reach a diagnosis that reasonable doctors would reach, supported by the data;
- (d) advise patients of the evidence based and conventional treatment options, their risks, benefits and efficacy, as reflected by current knowledge;
- (e) document all of the above in accordance with sound practice.

Q1 Is there anything else that should be included in the assessment?

Q2 Should any of the above five issues not be included in the list?

In treating patients doctors must:

- (a) have current knowledge and skills in their area of practice;
- (b) act honestly and in their patient's best interests according to the fundamental values of the profession;
- (c) provide sufficient information to allow patients to make informed choices, and to refer to, or consult with, others when patients requests it, when the doctor requires assistance or when the standard of practice requires it. (Where there is no reason to believe such a referral would expose the patient to harm there is no barrier to making a referral to an CAM practitioner);



- (d) not misrepresent information or opinion. Patients must be made aware of the likely effectiveness of a given therapy according to published and accepted information, notwithstanding the doctor's individual beliefs;
- (e) obtain informed consent to any proposed treatment;
- (f) be aware and acknowledge the impact of the placebo effect.

Q3 *Is there anything else that should be included in the above treatment list?*

Q4 *Should any of the above six issues not be included?*

In advancing knowledge and providing treatments in areas of uncertainty where no treatment has proven efficacy doctors must:

- (a) ensure that their patients are told the degree to which tests, treatments or remedies have been evaluated, and the degree of certainty and predictability that exists about their efficacy and safety;
- (b) be prepared to collaborate in the collection of information that can be appraised qualitatively or quantitatively, so that new knowledge is created, to be shared with, and critically appraised by, the profession.

Q5 *Should anything else be added to these two requirements?*

Q6 *Should either of the above requirements be withdrawn?*

GENERAL COMMENT

One respondent was concerned that there seemed to be few if any standards set for complementary practitioners. Many patients take Complementary and Alternative Medicines (CAM) but some CAM practitioners do not seem to be knowledgeable about interactions between conventional and CAM medicines, e.g. a case was cited of a patient being told by a CAM practitioner to stop taking important and potentially lifesaving conventional medicines. There must be a national standard set up for CAM practitioners in a similar vein to that for medical practitioners with appropriate penalties for unsafe practices. NCWNZ understand that currently this does not occur.

However, another respondent's experience is that of a doctor saying to patients that when conventional medicine had not produced a 'cure' to try the alternatives, but not to forget to take the conventional medication prescribed.

NCWNZ believes that factors currently considered by doctors when working with patients using complementary medicines are satisfactory and should be retained. Informed consent is seen as being a vital component of care. Patients must be made aware of the interaction when conventional and complementary medicines are used together. The doctor must be in a position to explain this interaction and possible side effects for the patient.

SPECIFIC COMMENT

Patient Assessment

Q1 *Is there anything else that should be included in the assessment?*

It was pointed out that in (d) the importance of using language that is understood by patients and their family should not be overlooked.

Personal knowledge of, and the benefit of rapport with the patient, was also acknowledged as also being significant.



Q2 Should any of the above five issues not be included in the list?

It was agreed that the list should stand as it is.

Patient treatment

Q3 Is there anything else that should be included in the above treatment list?

Respondents believe there is a need to make patients aware of any adverse effects which could be expected from either conventional, CAM or unconventional treatments. When treatment does not have the effect expected, or the condition is worsened the patient needs the knowledge to be able to recognise this and seek help immediately.

Q4 Should any of the above six issues not be included?

It was acknowledged that it must be difficult to give information without bias.

Advancing knowledge

Q5 Should anything else be added to these two requirements?

It was agreed that in (a) such information should be current at the time of consultation.

Q6 Should either of the above requirements be withdrawn?

No.

NCWNZ looks forward to seeing the final document and thanks you for this opportunity to comment.

Beryl Anderson
National President

Catherine Gurnsey
Convener, Health Standing Committee