

## Complementary Medicine

### Policy Position Statement

<b>Key messages:</b>	Evidence-based traditional, complementary and integrative health care (TCIHC) use and practice can form part of a holistic health system. A broader evidence base is required in the fields of traditional, complementary and integrative health care. Best world practice and policy should be continually informed by research.
<b>Key policy positions:</b>	<ol style="list-style-type: none"><li>1. National and international leadership are required for critical public health research to contribute to understanding and evaluating traditional, complementary and integrative health care use and practice.</li><li>2. TCIHC should be appropriately regulated to ensure adequate protection for those who choose to use traditional, complementary and integrative medicine practitioners and products.</li><li>3. Public health perspectives on TCIHC should be appropriately integrated where applicable into health policy and health care delivery initiatives.</li><li>4. TCIHC is a sector of considerable significance in the health sector, with numerous commercial, professional and political interests. Appropriate public protections and regulations must be enacted to ensure such interests do not adversely impact public health.</li></ol>
<b>Audience:</b>	All PHAA members, government, academics, traditional, complementary and integrative health care providers, media.
<b>Responsibility:</b>	PHAA Complementary Medicine – Evidence, Research and Policy Special Interest Group
<b>Date adopted:</b>	18 September 2019
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# Complementary Medicines

## Policy position statement

### PHAA affirms the following principles:

1. Traditional, complementary and integrative health care use and practice are significant public health issues requiring balanced debate and critical academic investigation.
2. Research and interventions around traditional, complementary and integrative health care that are impactful are required to help inform best world practice and policy.
3. Public health enquiry should subject traditional, complementary and integrative health care practice and use to rigorous research methods and critical perspectives in order to provide a broad evidence-base for patient care and health policy.

### PHAA notes the following evidence:

4. Traditional, complementary and integrative medicine (TCIM) and health care (TCIHC) have various definitions, including the following:
  - a. The World Health Organization states that: “Traditional medicine has a long history. It is the sum of the knowledge, skill, and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness...the terms ‘complementary medicine’ or ‘alternative medicine’ refer to a broad set of health care practices that are not part of that country’s own tradition or conventional medicine and are not fully integrated into the dominant health-care system. They are used interchangeably with traditional medicine in some countries”<sup>1</sup>
  - b. The Therapeutic Goods Administration states that: “In Australia, medicinal products containing such ingredients as herbs, vitamins, minerals, nutritional supplements, homeopathic and certain aromatherapy preparations are referred to as ‘complementary medicines’ and are regulated as medicines under the Therapeutic Goods Act 1989. A complementary medicine is defined in the Therapeutic Goods Regulations 1990 as a therapeutic good consisting principally of one or more designated active ingredients mentioned in Schedule 14 of the Regulations, each of which has a clearly established identity and traditional use.”<sup>2</sup>
  - c. Integrative medicine and healthcare involve bringing conventional and complementary approaches together in a coordinated way. Integrative medicine and healthcare reaffirms the importance of the relationship between the practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing.<sup>3</sup>

- d. The terms are brought together into traditional, complementary and integrative medicine (TCIM) and traditional, complementary and integrative health care (TCIHC) in recognition of the synergies including cultural differences meaning that one practice may be defined as traditional in one place and complementary in another.<sup>1,4</sup>
5. Research in (and research funding for) TCIM in Australia has not been commensurate with TCIHC use, has not included the TCIHC community, and does not appropriately reflect the major public health issues associated with TCIHC.<sup>5,6</sup>
6. Regulation of TCIHC practitioners can be controversial, but has been unequivocally shown to improve public protection and public safety,<sup>7</sup> and has been shown to infer the same levels of accountability as provided by regulation of conventional practitioners.<sup>8,9</sup>
7. The TCIHC sector in Australia is a \$4.9 billion industry.<sup>10</sup> There are multiple commercial, professional and political interests that attempt to influence TCIHC policy, practice and delivery.<sup>11,12</sup> Appropriate public protection and regulation must be in place to ensure such interests do not adversely impact public health.
8. Even in a relatively tightly regulated Australian sector, some TCIM products<sup>13</sup> and practices<sup>8</sup> may still promote themselves in potentially misleading and/or deceptive ways. Regulation of TCIM product and practices is an evolving and ongoing process and rigorous and evidence-based public health perspectives should continue to inform this process.
9. There are numerous international and national scientific, legal and policy initiatives that recognise the validity of traditional health knowledge and traditional health claims, but the lack of current policy development and inadequate documentation of this knowledge can lead to misuse and misappropriation.<sup>14</sup>
10. The major drivers of TCIM use in Australia and globally are social and cultural factors, and such use often persists even in the presence of barriers such as additional out-of-pocket costs or lack of integration into the public health system.<sup>15</sup> As such, studying TCIM use may offer insights into broader healthcare issues, and lead to better understanding of patient-centred perspectives and current gaps in health policy and healthcare delivery.
11. Policy, regulatory and education initiatives (such as labelling of complementary medicines) can guide TCIM users to safer and more effective treatment decisions,<sup>16</sup> but these policy initiatives can have unintended consequences (e.g. drive people towards non-evidence based treatments) if not enacted correctly as a result of ignoring a public health perspective on TCIM.<sup>17</sup>
12. The major harms associated with TCIM are often when these products and services are used as alternatives to effective care, and these can be reduced by ensuring TCIM – when appropriate – are used in conjunction with conventional evidence-based care.<sup>18,19</sup>
13. Implementing this policy would contribute towards the achievement of [UN Sustainable Development Goals 3 – Good Health and Wellbeing](#).

## PHAA seeks the following actions:

14. Promote and facilitate a growth in research capacity in critical public health research focusing upon traditional, complementary and integrative health care.
15. Develop partnerships and collaborations between PHAA and other international public health associations and organisations with regard to the critical public health of traditional, complementary and integrative health care.
16. Ensure that public health perspectives on TCiHC are appropriately integrated into health policy and health care delivery initiatives.
17. Advocate appropriate and adequate regulations and public protections around TCiHC to ensure that public health goals are met.

## PHAA resolves to:

18. Advocate for the above steps to be taken based on the principles in this position statement.

### **FIRST ADOPTED 2019**

## References

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