

20 The doctor who uses complementary and alternative medicine

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The “homeopathic clause”
The evidence base
Standards
Complaints and concerns

A government committee established to investigate alternative health practices in New Zealand (the Ministerial Advisory Committee on Complementary and Alternative Health) adopted American guidelines to classify the various therapies into five groups

1. long established systems such as naturopathy, homeopathy, oriental medicine, Ayurvedic and other traditional practices;
2. mind body therapies such as meditation and hypnosis;
3. “biological based” therapies such as herbalism, special diets and orthomolecular treatments;
4. manipulative therapies such as osteopathy and chiropractic;
5. “energy” therapies such as reiki, qi gong and therapeutic touch.

The “homeopathic clause”

The Health Practitioners Competence Assurance Act 2003 (section 100 [4]) states “No person may be found guilty of a disciplinary offence ... merely because that person has adopted and practised any theory of medicine or healing if, in doing so, the person has acted honestly and in good faith”. This has been colloquially called “the homeopathic clause”, and has been interpreted as tacit approval of the practice of forms of complementary and alternative medicine (CAM) by registered medical practitioners in New Zealand.

That is a risky interpretation: the Medical Practitioners Disciplinary Tribunal stated (Decision 237/02/89D)

“Whilst section 109(4) recognises that a practitioner is not to be found guilty ‘merely’ because he has adopted or practised a theory of medicine or healing, it does not follow that his adoption and practice of any theory of medicine or healing is by itself a sufficient answer”.

The clause does not preclude prosecutions for substandard medical practice or dishonesty, nor the use of performance procedures to assess the performance of a doctor practising CAM.

The evidence base

The *New England Journal of Medicine* stated: “There cannot be two kinds of medicine – conventional and alternative. There is only medicine that has been adequately tested and medicine that has not, medicine that works and medicine that

may or may not work. ... But assertions, speculation and testimonials do not substitute for evidence. Alternative treatments should be subjected to scientific testing no less rigorous than that required for conventional treatments.”

The important distinction is between *evidence based* medicine and *unproved* medicine. A doctor who chooses to recommend an unproved treatment ahead of one with proved effectiveness (or one that is regarded as orthodox) must be prepared to argue, with evidence, that the unproved treatment is safe, that the patient is not harmed by withholding the standard therapy, and that the patient is fully informed and consents. In other words the doctor must be expected to apply the same standards (and the same critical appraisal skills) that would be applied to orthodox methods.

This applies equally to unorthodox diagnoses as it does to treatments; for instance the Medical Practitioners Disciplinary Tribunal stated (Decision 237/02/89D) “...*the Tribunal wishes to record that Dr X did not provide any meaningful explanation of the condition of ‘electromagnetic sensitivity’ or any credible reason for having diagnosed (the patient) as having it.*”

Standards

Patients who consult doctors who practise CAM methods state they do so “to get the best of both worlds”. Any registered medical practitioner who embarks on a mode of investigation or treatment of patients that is not based on evidence of effectiveness must also apply the standards that would be applied to orthodox methods.

That requires a history and examination sufficient to make or confirm a generally recognised diagnosis; investigations using generally accepted tests pertinent to the patient’s complaint; a diagnosis that reasonable doctors would make; advising the patient of the orthodox treatment options, their risks, benefits and efficacy, as reflected by current knowledge; and recording all of the above in accordance with sound practice.

It also requires the doctor to demonstrate current knowledge and skills in their specialty; act according to the fundamental values of the profession; provide sufficient information to allow patients to make informed choices without misrepresenting information or opinion. Patients must be told the likely effectiveness of a given therapy according to published and accepted information, not subjected only to the doctor’s individual beliefs.

The informed consent issue has been traversed by the Tribunal – “... *Dr X did convey misleading information to give (the patient) the impression PMRT had a scientific validity it did not have.... Some examples are*

- a. the authoritative manner in which he gave his successive diagnoses;*
- b. his use of pseudoscientific language; and*
- c. his claim to use this diagnostic technique (which he claimed was extensively used overseas) ahead of his peers in New Zealand.”*

Furthermore, he prescribed “*treatment ... in the form of homeopathic paraquat injections, homeopathic drops, laser management and spiritual healing without explaining to her the conventional options and without advising her of the risks, benefits and efficacy of his nonconventional treatment compared with conventional treatment.*”

Complaints and concerns

In assessing complaints or concerns related to the practice of a doctor who has adopted or advocated CAM investigations or treatments, the Medical Council will apply the standards that have been developed for reviewing the competence of any

practitioner. In the case of CAM practices it will particularly consider questions relating to the preceding paragraphs.

It will also consider whether the methodology promoted for diagnosis is reliable; the risk/benefit ratio for any treatment is acceptable; the treatment is extrapolated from reliable scientific evidence or is supported by a credible scientific rationale; there is a reasonable expectation that the treatment will result in a favorable outcome compared with placebo; the practitioner is excessively compensated for the service (i.e. is there any suggestion of exploitation?); informed consent has been adequately documented in the medical record.

In assessing the performance of a doctor practising CAM, the Council will not attempt to evaluate the alternative therapy itself, although the critical appraisal skills of doctors who can convince themselves about the claims of some fringe therapies may be of concern. There will be parity of assessment standards whether the physician is using conventional medical practices or CAM. In other words, the usual domains of competence are assessed, rather than the principles of alternative practice.

As in any assessment of a doctor's performance, the health of the doctor and the presence of distracters preventing good performance will be assessed.

Doctors considering undertaking CAM practices should also be aware of the robust approach the Medical Practitioners Disciplinary Tribunal has taken, and should read the recent decision at

www.mpd.t.org.nz/decisionsorders/decisions/0289dfindings.pdf. The Tribunal said, among other things,

Where a registered medical practitioner practises "alternative or complementary" medicine, there is an onus on that practitioner to inform the patient not only of the nature of the alternative treatment offered but also the extent to which that is consistent with conventional theories of medicine and has, or does not have, the support of the majority of practitioners. The Tribunal recognises that persons who suffer from chronic complaints or conditions for which no simple cure is available are often willing to undergo any treatment which is proffered as a cure. As such, they are more readily exploited. The faith which such persons place in practitioners offering alternative remedies largely depends on the credibility with which such practitioners present themselves. Where such remedies are offered by a registered medical practitioner, it is difficult to escape the conclusion that the patient derives considerable assurance from the fact that the practitioner is so registered. It follows, therefore, that a registered medical practitioner cannot discharge his or her obligation to treat the patient to the acceptable and recognised standard simply by claiming the particular treatment was "alternative or complementary" medicine.

References

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3. Angell M, Kassirer JP. Alternative Medicine – the risks of untested and unregulated remedies. *N Eng J Med* 1998. 339:839–41.