

Medical Board of Queensland

Unconventional Medical Practice





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INTRODUCTION

The present document builds upon and extends a previous policy document of the Medical Board of Queensland, entitled *Guidelines On Complementary, Alternative Or Unconventional Medicine*. Those guidelines were adapted from guidelines issued by the Medical Council of New Zealand to inform medical practitioners of the standards of practice that would be expected of them should they choose to practise outside the norms of conventional medical practice.

The Medical Board of Queensland (MBQ) has a statutory duty under the *Health Practitioners (Professional Standards) Act 1999* to ensure that medical practitioners in Queensland practise safe medicine. The Act requires the Board:

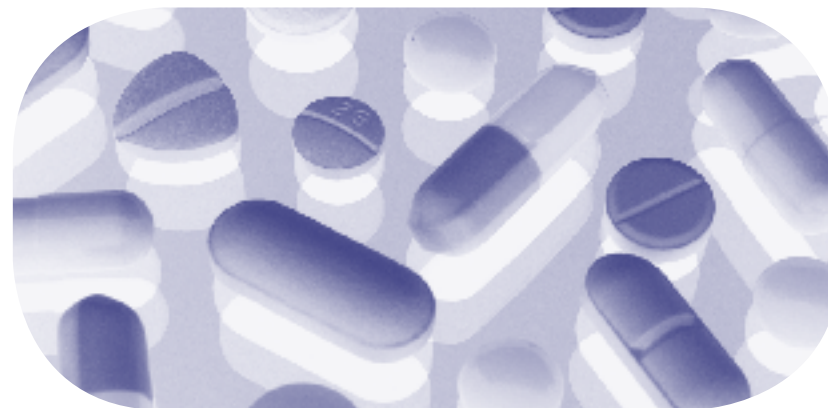
- (a) to protect the public by ensuring health care is delivered by registrants in a professional, safe and competent way;
- (b) to uphold the standards of practice within the health professions;
- (c) to maintain public confidence in the health professions.

In essence, the Board is charged with the responsibility of protecting the health and safety of the public by ensuring that medical practitioners are competent to practise medicine. The Board accepts that the usual meaning of competence is the ability to perform a task to set standards. The standards that the Board accepts are, in general, those of relevant professional bodies such as the Royal Australian College of General Practitioners and the other recognised medical colleges. These bodies take as their standards those practices which are supported by scientific observation, where there is evidence that bears upon a topic. Where there is no such

evidence the standards are harder to define but they are then usually determined by their conformity with ethical standards, any indirect scientific support that can be adduced, and common sense.

In this respect, the Board endorses the comments of the editors of the New England Journal of Medicine: *"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. Once a treatment has been tested rigorously, it no longer matters whether it was considered alternative at the outset. If it is found to be reasonably safe and effective, it will be accepted. 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".**

If unsure about the current status of a particular practice, registrants should seek the advice of their professional college and consult the professional literature.



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

NOMENCLATURE

The system of medical practice recognised by the Medical Board of Queensland for the purpose of registration of medical practitioners will be referred to in this document as conventional medical practice. Medical registrants are qualified to practise conventional medicine through an accredited system of medical education and training. Conventional medical practice is scientifically based and humanely oriented.



The appropriate terminology to describe medical practices that do not conform with conventional medical practices is a vexed issue. “Complementary medicine” and “alternative medicine” are but two of the many collective descriptors currently used to describe hundreds of practices currently in vogue. However, neither is a suitable collective term for this purpose since ‘complementary’ implies supplementation of conventional practice, and ‘alternative’ implies alternatives to conventional practice, ambit implications that are not sustainable. Moreover, the plain meanings of complementary and alternative are mutually irreconcilable since a particular therapy cannot be both complementary and alternative. Similarly, descriptors such as “integrative” or “holistic” medicine imply an exclusivity of practice not

applicable to conventional medicine, whereas integrative or holistic concepts are integral to good conventional medical practice.

This document will therefore refer to practices that lie beyond the range of conventional practice as “unconventional”. This is the most inclusive and least pejorative term available to make the distinction and only implies that there is insufficient scientific evidence of efficacy and safety for an unconventional practice to be incorporated into conventional practice at the present time.

GUIDELINES ON UNCONVENTIONAL MEDICAL PRACTICES

The Board expects that any registrant who embarks upon a mode of investigation or treatment of patients that is not based upon conventional medical practice will:

in **assessing** patients

- (a) perform a history and physical examination of the patient that is sufficient to make, or confirm, a generally recognised diagnosis;





- (b) where necessary, arrange investigations, utilising generally accepted modalities pertinent to the patient's complaint and, if appropriate, specialist referral;
- (c) reach a diagnosis that reasonable medical practitioners would reach, supported by the clinical findings;

in **treating** patients

- (a) advise the patient of conventional treatment options, including their risks, benefits and efficacy, as reflected by current knowledge;
- (b) make clear to patients whether any unconventional practice is being recommended or used in diagnosis or treatment;
- (c) provide sufficient information to allow patients to make informed choices;
- (d) avoid referral of patients to unconventional health practitioners;

in **advancing knowledge**, and providing treatments in areas of uncertainty where no treatment has proven efficacy:

- (a) ensure that patients are told the degree to which proposed tests or treatments have been evaluated, and the degree of certainty 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.

ensure the confidence of the public in the integrity of registrants:

- (a) by not selling or marketing unconventional remedies;
- (b) by advising the patient if the registrant has a pecuniary interest in a product or a procedure.

ASSESSING COMPLAINTS

In assessing complaints related to the practice of any doctor who has adopted or advocated unconventional investigations or treatments, the Medical Board of Queensland will undertake an assessment of the overall competence of the practitioner. In the case of unconventional practices, the Board will particularly consider the following questions:

- (a) has an adequate patient assessment been conducted, including history and physical examination, laboratory studies, imaging and other evaluative measures and, where appropriate, referral to an appropriate specialist?
- (b) having regard to this assessment, has a tenable diagnosis or provisional diagnosis been made?
- (c) has the patient been offered treatment which is based on reliable

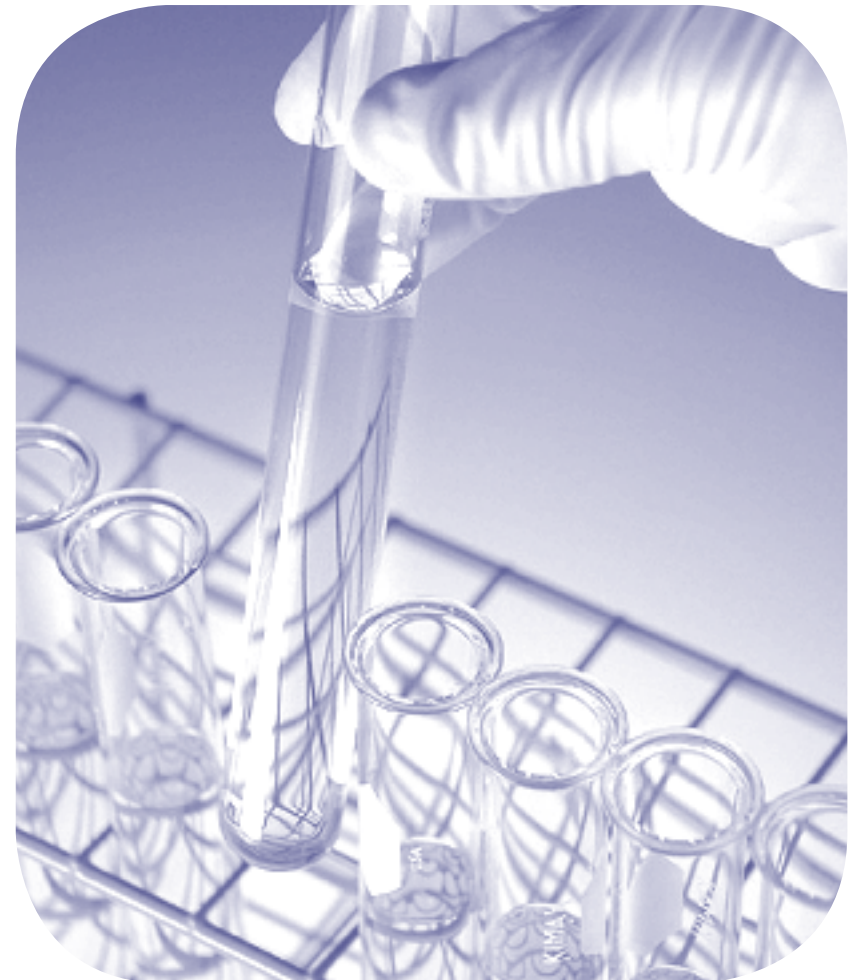




scientific evidence, including properly conducted clinical trials, and/or is supported by a credible scientific rationale or a treatment plan based on the recommendation of an appropriate specialist?

- (d) where the registrant has offered unconventional therapy, is there reasonable expectation that the treatment offered will result in a favourable patient outcome? What evidence is there for favourable outcomes?
- (e) is the practitioner excessively compensated for the service provided and has the patient been fully informed about costs?
- (f) are the practitioner's promotional claims supported by reliable scientific evidence?

- (g) is the benefit achieved greater than that which can be expected by placebo alone?
- (h) has the patient's informed consent been obtained and adequately documented in the medical record?
- (i) if the treatment has been described as "experimental" is there a scientifically designed protocol and has a formally constituted ethics committee approved the study?





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The Board acknowledges with thanks the useful information provided by the following organisations:

Australian Medical Association

Australian Medical Council

Collège des Médecins du Québec

Federation of Medical Licensing Authorities of Canada

Federation of State Medical Boards of the United States, Inc.

Medical Board Australian Capital Territory

Medical Board of Western Australia

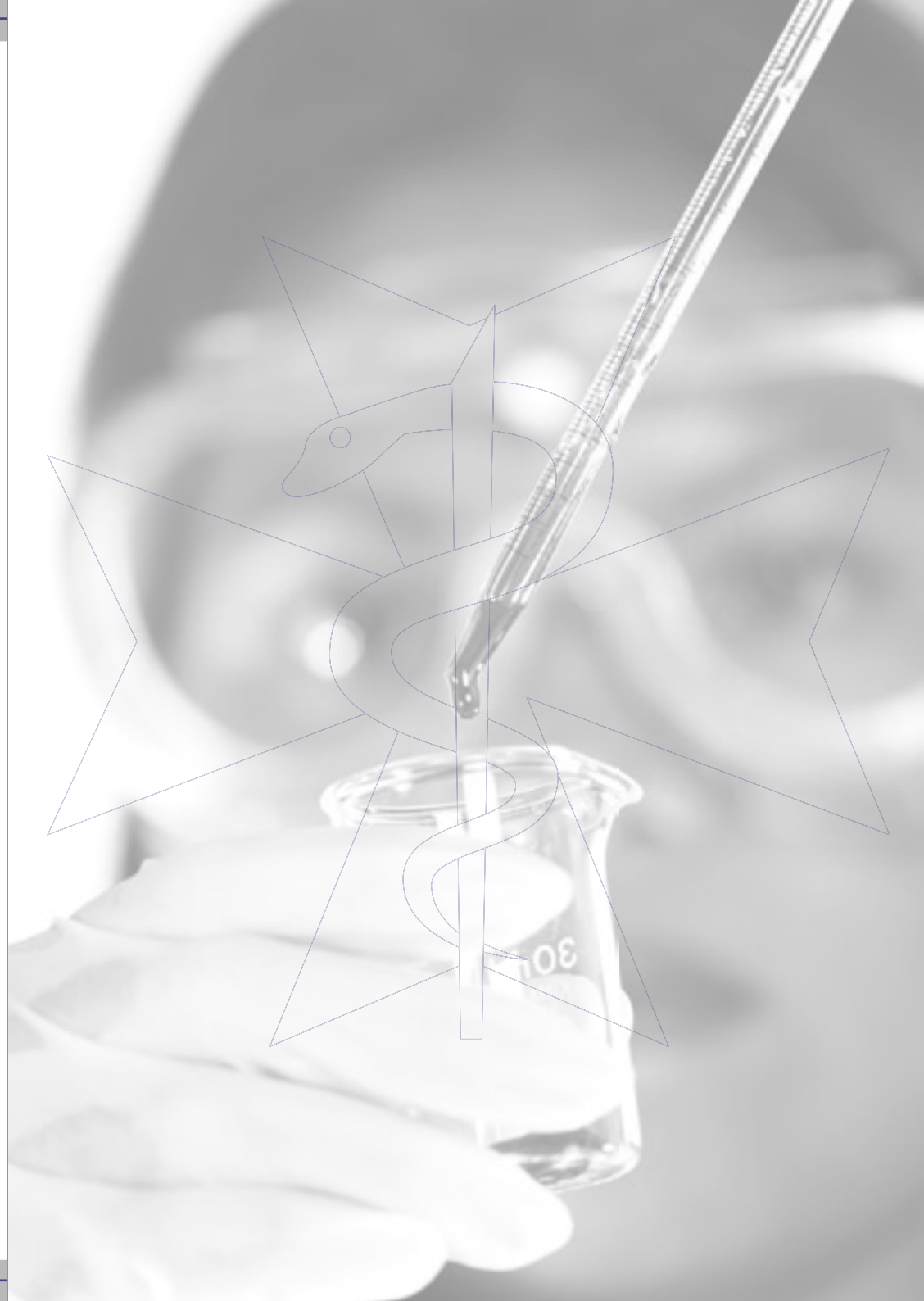
Medical Council of New Zealand

New South Wales Medical Board

Northern Territory Medical Board



NOTES





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