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## **Review of statement on complementary and alternative medicine**

Dear Kanny

The New Zealand Medical Association (NZMA) wishes to provide feedback on the above consultation. As you know, the NZMA is the medical profession's leading pan-professional body, and includes over 5,500 members from all disciplines within medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders.

We welcome Council's review of its statement on complementary and alternative medicine (CAM). We note that Council considers the contents of the 2011 statement to still be applicable, but intends to improve flow and clarity by reordering some clauses and revising some of the wording in the statement. We also note that Council intends to make it clear from the revised statement that doctors who practise CAM are expected to adhere to their professional, legal and ethical obligations as a doctor. Council is also proposing to include more guidance to doctors on discussing CAM with patients, advertising in relation to CAM, and associating with a CAM clinic, therapy or device.

We are supportive of the revisions that Council is proposing and believe these will contribute to strengthening and clarifying the statement. The use of credible evidence to inform and base decisions about healthcare is a core value of the NZMA.<sup>1</sup> This is true whether the decisions relate to policy or treatment. It is our view that CAMs, currently unregulated in New Zealand, are the antithesis of evidence-based medicine. We have recently elaborated on our concerns about the

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<sup>1</sup> NZMA backs call for evidence-based policy making. Available from <https://www.nzma.org.nz/news-and-events/media-releases/nzma-backs-call-for-evidence-based-policy-making>; Where's the evidence? NZMA Digest, July 2016. Available from <https://www.nzma.org.nz/advocacy/from-the-chair/wheres-the-evidence>

supply or recommendation of CAM by pharmacists.<sup>2</sup> We believe that these concerns are equally valid with respect to doctors that practice or recommend CAM. A key principle in our Code of Ethics (principle 7) requires doctors to adhere to the scientific basis for medical practice, while acknowledging the limits of current knowledge and contributing responsibly to innovation and research.<sup>3</sup>

We are pleased that Council is proposing to retain the requirement that doctors **must** ensure that a CAM treatment is efficacious when treating patients (clause 19a). However, we are concerned at an internal contradiction in the statement whereby an earlier clause (clause 15) states that doctors may refer patients for CAM or utilise a CAM treatment so long as there is no reason to believe that doing so would expose the patient to harm. We believe that evidence of efficacy is essential and we submit that this requirement be added to clause 15. Doing so would ensure that Council's statement on CAM is internally consistent and is premised on a position of beneficence, not just non-maleficence.

We note that Council uses the term 'cordial' in the statement (eg, the final sentence of clause 15 states that "To ensure optimal management of the patient, it is important that you maintain cordial relationships with any practitioner you share your patients with"). We ask Council to replace the term 'cordial' with 'professional'. By requiring relationships with practitioners to be 'cordial', there is a risk that maintaining personal comfort or friendly relations between practitioners could assume greater importance than advocating for a patient's or population's best interests, particularly when this entails uncomfortable conversations between practitioners because of the lack of evidence. In order to ensure safe and effective practice, doctors sometimes need to say uncomfortable things and ask difficult questions of colleagues. Making it a requirement to maintain professional (rather than cordial) relationships with other practitioners would alleviate this risk and better enable doctors to advocate on behalf of their patients and populations.

There is a word missing in clause 17, bullet 4 ("whether there any diagnostic tests associated with the treatment"). It should read "whether there **are** any diagnostic tests associated with the treatment". Finally, we suggest that Council reference its statement on Information, choice of treatment and informed consent<sup>4</sup> at each mention of informed consent in the statement rather than only at first mention in clause 3.

We hope that our feedback has been helpful and look forward to learning the outcome of this consultation.

Yours sincerely



Dr Kate Baddock  
NZMA Chair

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<sup>2</sup> NZMA Submission to Pharmacy Council on Code of Ethics Review. 14 August, 2017. Available from [http://www.nzma.org.nz/data/assets/pdf\\_file/0017/57221/NZMA-Submission-on-Pharmacy-Council-Code-of-Ethics-Review.pdf](http://www.nzma.org.nz/data/assets/pdf_file/0017/57221/NZMA-Submission-on-Pharmacy-Council-Code-of-Ethics-Review.pdf)

<sup>3</sup> NZMA Code of Ethics for the New Zealand Medical Profession. Available from [http://www.nzma.org.nz/data/assets/pdf\\_file/0016/31435/NZMA-Code-of-Ethics-2014-A4.pdf](http://www.nzma.org.nz/data/assets/pdf_file/0016/31435/NZMA-Code-of-Ethics-2014-A4.pdf)

<sup>4</sup> MCNZ. Information, choice of treatment and informed consent. Available from <https://www.mcnz.org.nz/assets/News-and-Publications/Statements/Information-choice-of-treatment-and-informed-consent.pdf>