

Regulation of the Natural Medicine Profession

Introduction

The time has arrived for a major paradigm shift in healthcare. For the past sixty years orthodox medicine has dominated the health—or more accurately—the disease scene.

Finally, both consumers and members of the orthodox medicine profession are questioning the safety and efficacy of this model and seeking an alternative.

The consumer wants to be treated as an individual, whilst orthodox medical practitioners find themselves locked into a system where they're dictated to by government and directed by the pharmaceutical industry. They are persuaded to prescribe medicines knowing that adverse and even deadly effects may result. Orthodox medicine and pharmacy agree that natural medicine is popular and often preferred by the consumer.

As reported on the www.psa.org.au/site of the Pharmaceutical Society of Australia, "There is significant and growing use of complementary medicines in Australia reflecting consumer preferences for such products. It is recognised that these substances may be taken for cultural or traditional reasons. In 1993, an extrapolated expenditure cost figure in Australia for non-medically prescribed complementary medicines was reported to be A\$621 million. Currently it is estimated that approximately 57% of Australians use complementary medicines (including herbal products, vitamins, minerals and nutritional therapies". These statistics are in fact quite conservative yet reflect the popularity of our medicines and the consumer confidence reaching back to 1993. Dr Kerryn Phelps (2007), a former president of the Australian Medical Association, is quoted in HealthSmart magazine as saying that the Australian consumer spends \$2.31 billion annually and that this spending is more on natural medicines than pharmaceutical drugs.

Internationally recognised Andrew Weil MD offers "as standards of medicine reaches the limits of its economic viability, it is in everyone's interest to sort out the best ideas and practices of alternative medicine and work to integrate them into a new model of healthcare". Along with recognition comes the question of monitoring this shift in paradigm; why, who, what and how?

This document will focus on the subject of '**the absolute must have registration mindset**'.

Collectively, the reasons provided for this 'absolute must have' are:

1. Our professional credibility
2. Public confidence
3. Providing a Medicare bulk-billing facility
4. Obtaining research dollars
5. Ensuring practitioners and products are safe
6. Standardised education
7. Access to scheduled herbal medicine

There are many more reasons offered but these seven are the most consistent. Let us examine each of these from an objective viewpoint. As each of these points is discussed they tease out further questions which will be addressed in the conclusion.

1. Our professional credibility

It is not our feet that move us along—it is our minds
Ancient Chinese proverb

Questions arise in relation to 'are we a profession?' I would suggest we definitely are a profession. Not only does the Australian Tax Office refer to us as a profession, we also comply with the standards offered by Crellin and Ania (2002). They state "although being a professional in health care means different things to different people, a central consideration is how to provide the highest level of quality care. While this is perhaps an obvious truism, we emphasize that it means more than just diagnosis and treatment. It also embraces humane judgement supported by an infrastructure of practitioners who maintain standards of education and practice; who take responsibility to improve the status quo in health care; and who identify, analyse, and resolve professional/ethical problems in everyday clinical practice".

How much more credible can we be? We now have -

- Universities
- Governments
- Health funds
- Pharmacy

all vying for our profession. Who was interested in us 30 years ago? Now we have reached a high level of credibility are we to be taken over by the dominant groups that exist? Now we are seen to be doing such a good job evidenced by the statistics; bureaucrats, academics, and groups that have a vested interest want to take control.

Sherwood (2005, p.303) offers "The sheer volume of usage of natural medicine services and remedies has influenced governments to reconsider their attitudes to these practices. For example, C. Everett Koop, former surgeon of the US, claims that 80% of the world's population rely on natural medicine for their primary medical care". Not bad for a profession who some claim requires more credibility. The sheer numbers who use natural therapies around the world clearly illustrates the popularity, safety and efficacy of this form of healthcare that focuses on the client and their special needs. Building a caring relationship is the foundation of natural medicine and is clearly endorsed by the consumer.

2. Public confidence

".. the spirit of the people will drive performance.. "
Patrick T. Parenty

As the literature suggests, surely the informed, educated consumer has confidence in us already! McCabe et al (2005, p.289) offers "Government interest in CAM [Complementary Alternative Medicine] in Australia has been brought about by recognition of the growing number of consumers whose preference is for access to CAM therapies and the services of CAM practitioners. If these preferences are to be supported, serious consideration needs to be given to regulation of the profession". This indicates that we are not regulated and overlooks the strong and effective 'Self Regulation Model' that exists already. It is interesting to note that each of these comments confirm that the consumer is turning to natural medicine and in fact prefers these therapies and services.

In order to support their argument for registration the authors then immediately launch into the Pan Pharmaceuticals crisis and links to the development of several government bodies. "... In 2003, following a recall of Pan Pharmaceutical products, the Australian Government established an Expert Committee on Complementary Medicine in the Health System. The Expert Committee's report (2003, p.289), expressed concern about:

- 1) the lack of uniform educational standards;
- 2) the slowness by Governments in reviewing CAM professionals (especially those practicing herbal medicine modalities);
- 3) the need to implement statutory regulation (where justified)" (p.289).

In January 2003, 87 people became ill and 19 were hospitalised after taking Travacalm. It is incomprehensible to consider what took place and the effects on the natural therapies profession when it is reported by much respected commentators such as Lesley Braun and Marc Cohen (2004) who confirm that Travacalm was a pharmaceutical drug.

Questions that arise from Pan and the Expert Committee

1. Was a natural product ever involved?
2. How many charges were laid against Mr Salim? [owner of Pan Pharmaceuticals]
3. How many charges proceeded?
4. Could it be seen to be a master cover up by the government and overseen by the pharmaceutical establishment?
5. Was any compensation ever paid to the many health food stores that had to close due to this misreporting?
6. Was the TGA ever held accountable for this travesty?
7. Why was the Expert Committee convened to investigate the Natural Therapies profession when it was clear from the start that it had nothing to do with them?
8. The Expert Committee was to report on Complementary Medicine (i.e. products, termed Complementary Healthcare Products) so why was so much time spent on addressing "education, training, research and practices of what were termed complementary medicine" as questioned by the Natural Health Care Alliance, 2004 report?

The media propaganda that took place on this issue was nothing short of misleading and grossly dishonest. The question arises, "what facts were used to present an article written by David Wroe (2003), which appeared in The Age on November 1.

Scrutiny of this article should have had all members of the Natural Therapies profession storming the steps of every Parliament house across the country. As usual we did very little except complain and comment in a very well mannered way that achieved absolutely nothing.

Comments offered by Wroe:

Australia's \$800 million herbal and complementary medicines industry faces much tougher scrutiny under recommendations yesterday from an expert committee set up after the Pan Pharmaceuticals scandal.

At this time it should have been made very clear to the consumer that the product was Travacalm, a pharmaceutical product.

Under the proposed overhaul, regulation of the alternative industry would be brought closer into line with the mainstream pharmaceutical industry.

Good heavens and start killing and maiming people. No way then we would have to be registered and fall prey to a failing system. Wroe continues:

Pharmaceutical secretary for health Trish Worth praised the depth and thoroughness of the review and vowed to implement the recommendations. These would include strengthening the Therapeutic Goods Administration's powers to move against manufacturers who fell short of safety and quality standards.

Therefore all pharmaceutical companies would go out of business.

"This should avoid another incident like the recall of products from Pan Pharmaceuticals," Ms Worth said.

In April, the TGA launched Australia's biggest product recall when it emerged that Pan had failed dismally on quality standards. By the end of the chaotic recall, some 1600 types of vitamins and herbal pills had been withdrawn from sale.

The witch hunt commenced on the wrong group. It was a pharmaceutical product but we were an easier target.

The review called on state and territory governments to follow Victoria's lead and regulate practitioners of traditional Chinese medicine.

It also called for governments to take a stronger role in the educating doctors and consumers about complementary medicines, especially how different medicines might clash when taken together.

All part of the scare mongering on the wrong group.

And it recommended greater scrutiny of internet advertising-the chief medium for promoting complementary medicines.

How and why?

The industry also welcomed the report, with Complementary Healthcare Council executive director Val Johanson vowing to work constructively with the Government to bring about "sensible changes".

"The CHC has always stressed that the safety of consumers is the most important factor in responding to the Pan crisis, and we look forward to a co-operative approach," she said.

Does this indicate the profession is not safe? That is in direct conflict with the facts.

Australian Consumer Association health spokesperson Martyn Goddard said the "tough but fair" review would offer Australians much-needed protection from what had previously been a murky and under-regulated industry.

He urged governments to adopt the committee's proposals. Scrutiny of the industry's quality and safety standards had been "grossly inadequate", Mr Goddard said, predicting that some medicines would fail the test and would need to be taken off the shelves. "But people will then know that those that remain satisfy reasonable standards," he said.

How dare he make this statement without any statistical analysis or support? He is obviously misinformed and incompetent to make any comment about our profession.

The committee consisted of 18 experts from mainstream and complementary medicine. It was chaired by Dr Michael Bollen, a former member of the National Health and Medical Research Council.

It is of further interest that the author of this document did not call on any natural therapists to comment. Data was offered to the media by the Australian Traditional-Medicine Society, but was not taken up. Then again our statements were professional and factual, not geared with emotional and irrational outbursts.

With over 100 charges against Mr Salim not one proceeded.

A question arises, posed by Eve Hillary (2005, p.34) and reported in New Dawn magazine, "If Pan was shut down after nobody complained about its vitamins or suffered a single problem, then it would be reasonable for Merck to be shut down for selling a drug that killed tens of thousands of Americans alone. But no. TGA has not even conducted an investigation into how many Australian and New Zealanders might have been killed by the drug Vioxx to which it issued a licence".

To conclude this section on a positive note Marcus Blackmore AM offers "... there is potential here for the government to establish some incredibly worthwhile initiative for our industry and for the Australian public" (p.9).

But what about the consumer?

"Do not get so far ahead of the parade that people don't know you're in it."

John Naisbitt, Mindset (p. xix)

Worldwide there is a growing trend by consumers. They are making decisions about their entire life. Aburdene (2005, p. 93) in her book Megatrends 2010 refers to this group of consumers as 'Conscious Consumers' and categorises them as "LOHAS (Lifestyle of health and sustainability) customers. ...The LOHAS market is comprised of 5 sectors: (1) Sustainable Economy (green buildings, renewable energy, socially responsible investing); (2) Healthy Living (natural and organic food, nutritional supplements and personal care); (3) Alternative Healthcare (wellness, complementary and alternative care [e.g., homoeopathy]); (4) Personal Development (mind, body, spirit products and services from CDs to seminars) and (5) Ecological Lifestyles (ecological or recycled products, ecotourism and travel)". These are our customers and they are well educated, well informed and using our services more and more as conscious decisions.

People power is our salvation. Technology is advancing at a rapid rate in the world of medicine. These technologies are being designed with the consumer rather than the doctor in mind. Alexander Wyke (1997, p. 241) author of *21st Miracle Medicine* states, "these technologies promise to nudge medicine off a pedestal, making it more convenient and attainable, not to

mention cheaper". Wyke continues "... the shift toward a consumer-driven health system could not, in a sense, have come at a better time".

A media release (6 February 2004) put out by the Hon. Tony Abbott MHR, at the time Minister for Health and Ageing, states "One of the great things about what might be broadly described as the complementary health sector, is that it is the only major part of our health industry which [focuses on] wellness as much as sickness. The traditional model treats disease ... and somehow we've got to move from only seeing people in our health sector when there's something wrong with them to doing what we can to ensure that people don't get sick in the first place".

3. Providing a Medicare bulk—billing facility

Pigs might fly as well. Ask the chiropractic practitioners. They can use the name 'doctor' but do they have any further entitlements? They used to do their own x-rays but not now. They thought they would be employed by hospitals and work beside the medical fraternity. Do they?

What about the financial aspect? Is it more expensive for the client to visit the chiropractor? Is it more costly for chiropractors to be in clinical practice, considering insurances etc? These questions should be considered as part of the debate in order for us to carefully consider all the facts.

The consumer is finding ways to get treatment as the cost of seeing the GP rises. The literature offers us some good information.

Hospitals are being flooded with patients seeking help through emergency departments as less and less doctors are bulk-billing. Paul Heinrichs (2004), writer for The Age newspaper pointed to this in his article that appeared on January 4th.. He reported that 38% of patients have only minor problems but are attending hospitals because of falling rates of bulk-billing by GPs and the GPs reduced availability, especially for after-hours services.

Dr Michael Ellis, in his excellent article Conspiracy Against Health and Healing, writing for the Medical Renaissance Group (contact him on mindquest@ozemail.com.au) offers the following statements (in italics):

In the health care system, the general practitioners are the gatekeepers, in that they not only make money for themselves by providing service, but also decide what drugs are given, what pathology or investigative procedures are prescribed and to which specialists they refer their patients. The GPs control the patient. The health funds control the money, and the hospitals are the takers of both patients and money General Practice has become very hard work and the economic return has become much less than it was around twenty years ago.

Highly regulated Government control and reliance on taxpayers' money through Medicare has been responsible for the dilemma general practice finds itself. There is also evidence offered in the above article that suggests doctors are struggling to make a living, if they rely on the Medicare rebate.

... the only way a GP can earn a reasonable income when bulk billing is to see at least 6-8 patients per hour. The government ensures that a minimum amount of money is spent through the MBS item numbers, and does not reward the quality of care which comes from longer consultations.

Quality care fades as 'time' in consultation is dictated by government. The needs of the patient are rarely met and ensure the reductionist model of healthcare is entrenched in the GPs consultation.

There is no time to enter into a relationship with the patient.

The group supports individual GPs in charging their own fees and moving away from Medicare.

Surely we should really reject the idea that our practitioners should ever be part of Medicare and the lunacy it represents?

Further pressures are placed on GPs as clinics are becoming more commercial and corporatised.

The current pressures on the health system in Australia are fundamentally commercial pressures, and the GPs are becoming employees of the corporate bodies. The whole aim of these corporate bodies is to keep costs down and to make profits for their stakeholders and themselves. Mayne is not only taking over general practice, but also hospitals, pathology, radiology, pharmaceuticals, and aims to take over health insurance companies. In so doing they will have enormous political leverage. This vertical integration gives tremendous political power to these corporate bodies.

They should not overlook the power of the consumer; they seek personalised care as that is what our profession offers. The public are better informed and require a coordinated and integrated approach for their healthcare. GPs are restricted as they are controlled by Medicare.

It is obvious that the health system needs to be more publicly accountable, and it is astounding that although the primary care is the basic gateway for medicine, GPs are not able to have access to proper resources for referral of patients or the ability to plan overall care for their patients including particularly preventive and nutritional care, because they are not reimbursed in this way by the Medicare system.

It is this field of medicine we are really good at—offering time and advice on preventive medicine. GPs feel the consumer is not informed about the medical system. The following comment by Ellis confirms this:

...people do not realise how distorted and perverted the medical system is. Many patients, accept the status quo and do not realise that there is any other form of healing except taking tablets and as long as they can have their cigarettes, drink their alcohol, eat their McDonalds and drink their Coke they are quite happy without realizing that they are programming themselves for progressive degenerative and chronic disease in middle age and later life. The patients have no conception how to heal themselves. They have no knowledge of good nutrition and supplementation. They are absolutely in the hands of the GPs and specialists who are themselves the victims of a biomedical model that forces on them allopathic treatments which over and over again can do more harm than good.

Surely this is why we [the natural therapies profession] are seeing more and more people seeking other options. The article introduces the concept of evidence based medicine and the problems facing this new field of science.

As so-called evidence based medicine continues to progress we continue to see failures of these trials. Only five percent of evidence based research trials are adequate according to the editor of the British Medical Journal. It is known throughout the world that so called evidence based medicine with pharmaceutical companies is biased and this is why fifty percent of pharmaceutical based research is inadequate. This conspiracy is fended and enhanced by the government and by the pharmaceutical industry. The International Committee of Medical Journal Editors stated in their joint release on September 13th

2001, that the use of clinical trails primarily for marketing makes a mockery of clinical investigation and are performed to facilitate regulatory approval of a device or drug rather than test a specific novel hypotheses "

The call for our field to undergo evidence based research should be strongly defended and we should call on research specialists to come up with a research methodology that will align to our special needs, even if a new one has to be developed.

There is more to clinical practice than restricted trials that have a vested interest in the fiscal policy of pharmaceutical companies. Humans are being treated like cattle. Ellis supports this claim:

The system does not treat human beings like human beings. It treats them like cattle. The organisations and the bureaucrats that support this system should be condemned for not seeing what is going on and for what should be rightfully humane.

Humane management of the community's health seems to be an oxymoron when blended with government expenditure, pharmaceutical company involvement and the corporate dollar. Money wins out, at least at the moment. The community is fighting back and calling on our profession to help with their wellness issues. The following statement covers these issues. Ellis continues:
Because profit is the bottom line, patients are relegated to being numbers in a share market and the faster and more efficiently the patients are dealt with the happier the shareholders are. In this process, we see the demise of the doctor-patient relationship and the ethos of Hippocratic medicine. We see no understanding of the nature of illness or disease, no understanding of the ability of the patient to heal themselves through mind-body and nutritional approaches, but an emphasis on competition and the survival of the fittest.

We treat clients as people and apply the wholistic paradigm to assist them achieve wellbeing. Why would we want to throw that away and fall into this model of restrictive, bureaucratically bungled, reductionist type of disease/illness medicine?

GPs are now compromised at each and every turn of their practice and overseen by agencies who do not fully understand their profession:

GPs are the meat in the sandwich. They feel compelled to provide their patients with the drugs and antibiotics that the patients call for and yet cannot give adequate care which requires a preventative, nutritional and lifestyle approach as they are not paid to do this. They thus have to produce band-aid approaches which serve the financial needs of the pharmaceutical companies who wish to promote their latest magic drug. Simultaneously as the most scrutinised profession in the world, they are under the constant watching eyes of the governmental Health Insurance Commission, and the Medical Boards of the various states. Most GPs feel threatened and often victimized by the medical boards which investigate them upon virtually any complaint...

Technology plays a role that dehumanises the patient from within the GP's waiting room and expands to the hospital setting. Ellis points to the time constraints:

Due to the system our patients have very little time to talk about their problems. There are huge waiting times in casualties and when in hospital a patient is subject to dehumanised medicine where they are treated with often technological efficiency without real humanity.

The dehumanisation of medicine has led to GPs being dissatisfied with their profession.

Wide spread dissatisfaction is currently being expressed by doctors ... there is a high degree of morbidity within the medical profession through stress and burnout ...

This is the medical model some of our colleagues want us to enter. Stressed, unhappy, dissatisfied GPs are a barometer to measure our decision by; to be part of this system, or to create one that best suits our specialised needs. To finalise this section Ellis offers a solution to doctors and suggest that:

If we wish to create a healing culture, the three requirements are

- 1. Release of stress*
- 2. Mastery of life*
- 3. Support the community*

This is what we do and why the consumer has turned to us in droves and why we must strongly defend our position. This is our way of working at the coalface of clinical practice and this is what has made us so popular in the marketplace. We must defend this way of working and develop a model where it is formally recognised as the natural therapies way.

The financial considerations

"The public no longer has a blind faith in science, the professionals and politicians and in particular their supportive advocacy of bio,science."

Peter Sherwood

Another consideration is the financial implications of asking to join in the current health system and request Government monies. Dr Marc Donohoe, when addressing the Summit on the economic impact of following the path medicine is on in Australia suggests that "medicine will become unaffordable". Daan Spijer, LLB reports these comments in an article entitled, On the Political Front, which can be found on www.acnem.org. Dr Donohoe quoted extensively from the Intergenerational Report of Treasurer Peter Costello. "The projections indicate that the PBS will grow from 0.5% of GDP (current) to 3.5% of GDP by 2041. In that same period, overall spending on 'health' will grow from the current 4% of GDP to 8% of GDP". Dr Donohoe was further reported in the same article as suggesting "... that this growth trend in expenditure on 'health' can be arrested if only a very small percentage of patients (for whom orthodox medicine does not work anyway) were moved across to using natural medicines, whether they be subsidised or not. This result would be true even if the natural medicines these people used had no more than a placebo effect".

To conclude this section a quote by Sherwood (2005, p.136), is powerful and a timely reminder of who we are:

The natural medicine paradigm urges a temperate lifestyle so that body, mind and spirit may be maintained in balance. As illness usually arises as an imbalance, natural medicines are designed to be safe and effective, and holistically restore balance to all aspects of an individual's the growing involvement of some biomedical practitioners in natural medicine may be contrasted with the continuing attacks by other biomedical practitioners; this raises important challenges for holistic approaches to health.

4. Obtaining research dollars

Before this can occur we need to be very sure that there will be a level playing field. Reported in the document On the Political Front Professor Stephen Myers agrees "... [he] called for a level playing field, where all medicines are assessed according to an acceptable level of proof. For different medicines, different proof may be needed. If proof does not exist, then research needs to be done and this research needs to be supported by the taxpayer. Research is being done on 'complementary'

medicine— in 1996 there was under 1,000 citations for research in this area, in 2002 there were over 5,000". Wellness Revolution Summit, 16th and 17th September, 2003, viewed 17 July 2007 www.acnem.org/journal/22-3_december_2003/on_the_political_front.htm. In fact a literature search today would show in excess of 150,000.

The trials for 'natural' medicine must be designed differently. Myers (2003) offered in his paper at the Wellness Revolution Summit, "... trials of 'natural' medicine often need to be designed differently from those used for orthodox medicine and it needs to be remembered that to [a] large extent, 'natural' medicines are used in a preventative regime, not just as curatives. ... being 'natural' did not necessarily mean that these substances are inherently safe—the safety needs to be established: but for so many of them, thousands of years' use can give us evidence in many cases. It is also important to note that adverse reactions to non-orthodox medicines are very rare, compared with Pan Pharmaceuticals, yet when there is some adverse event involving non-orthodox medicine; it is often blown out of proportion by the regulators and the media".

The reliance on science as we know it today is fraught with danger. Sherwood (2005, p. 239) offers, "Western science has failed to ensure the safety and effectiveness of biomedicine. Widespread accidental injury and death have accompanied biomedicine and its physick ancestor for a thousand years—ever since universities became involved in medical education" .

Sherwood (2005, p. 333), further offers "... it is clear that natural medicine research will be a challenge to both the researchers and the profession. It would be in the interests of the profession and the remedy-manufacturing industry for them to immediately commence funding research into appropriate natural medicine research methodologies, and the development of appropriate human resources. Natural medicine research can contribute meaningfully to quality evidence-based practice as long as it is used appropriately. After all, Hippocrates did say: 'What sort of person has the disease is more important than what sort of disease a person has'."

I agree it will be a challenge, but the possibilities are encouraging and what a wonderful opportunity is presented to researchers who want to genuinely be of assistance to the natural medicine renaissance.

Sherwood (2005, p. 334) further cautions: "For the past 30 years I, like other natural medicine optimists, have accurately predicted the increasing community support for natural medicine, and changing societal needs. There does not appear to be any evidence to suggest that growth will not continue for the immediate future. If the natural medicine industry can recognise changes in the medical market early, then growth will accelerate even further, through advanced planning and research".

So long as we demand a say in the movement, we are able to take a rightful place in the negotiations and we are not sidelined by the academics and bureaucrats with vested interests—

then our future looks bright. Standardised education is the platform upon which all professions are built and effective research stems from that standpoint.

There are some exciting research models that may be utilised by the natural medicine profession which could lead the profession into exciting research opportunities.

5. Ensuring practitioners and products are safe

THINK TANK

Have you been responsible for any harm caused to your clients?

We are safe and so too are the medicines we use. A common catchcry used by advocates for registration suggests that we are not safe and the products we use maybe harmful. This claim does not stand up to constructive criticism.

Of course there are recorded side effects. We use medicines that are treating complex presentations, however, the effects that occur are not life threatening and the reported effects are usually associated with skin rashes or abdominal upset.

Critics of ours will try to pull out of the hat several cases where people have been reported to be quite ill, yet on closer investigation, they do not hold up to constructive scrutiny.

It is generally agreed by the profession at large that the medications used in natural therapy clinics are safe and effective.

6. Standardised education

Since the implementation of the Health Training Package there is a 'standard platform'. What this statement really means refers to University involvement and the fact that many want the bar raised to degree status. Dr Bollen (2004), as reported in the Natural Health Care Alliance paper, Final Document, February, stated, "... any individual was able to "sign up" with a number of bodies with less than credible education capacity, and with this provided access to "Practitioner-only" products and provided apparent endorsement of that individual's ability to practice various modalities of NH/CM. The lack of dosage recommendations, warnings of information on indications could therefore create a risk for the end user".

It is interesting to note that quite a few of the "Practitioner-only" products are exactly the same as the over-the-counter products, comprising the same herbs. In fact I am currently trying to source a product that has any herbs in them that are not in 'over-the-counter' preparations, and to date have not found one.

Here the emphasis is on risk yet there is no evidence to support this theory as we are and continue to be safe, effective, highly efficient and cost effective for the government as they contribute little in the way of funds. In relation to product there is no evidence to support any claims that our medicines are unsafe.

Our profession is highly regulated and if there was any evidence of unsafe product or practices we would have heard about it by now. The argument we need higher education on the grounds we are potentially unsafe is an argument built on sand and holds no substance.

It is due to the fact we are applying and using remedies and practices that have stood the test of time and proven over centuries to be safe and effective that we do not need higher education to apply our therapies safely and effectively.

Higher education should be encouraged to expand our profession and encourage much needed research, however, only when a methodology is developed that is aligned to meet the special needs of our profession. At this point in time I would encourage academics to develop this methodology.

Recommendation

I would suggest we gather funds via private enterprise to develop our own research and seek out a private health facility to endorse the use of natural medicines and therapies. Some privately owned colleges are already doing this and they should be congratulated for their initiative.

We have never tapped into Venture Capital entrepreneurs who may be interested in offering funds. All the evidence suggests we are a very lucrative profession in a powerful growth phase.

7. Access to scheduled herbal medicine

"The rise of the public health movement as dramatised in the literature and art of the 19th C is an expression of the realization that common sense and preventive, often simple preventive measures are as important as newfangled drugs, laboratory discoveries, and surgical techniques."

Ann Carmichael and Richard Ratzan (1991)

Why in the world would we want access to herbs that may be dangerous? We have been able to work very effectively with the products we have, which when used correctly provide astounding results. Is this not a trap? Once we have access to herbs that provide a narrow gauge between toxic and safe we are in the domain of pharmaceutical medicine and away from products we know are safe and effective. With the standardisation process entering herbal medicine we are at the beginning of an unsafe and potentially devastating road to travel. Surely we can continue to deliver safe yet effective treatments using ingestible medications and not have this sledgehammer held over our heads? We will register you and you can have access to strong and powerful medications, then draw you into the lion's den of dangerous access. This would make us no better than, and in fact worse than, the pharmaceutical brigade as we transgress the fundamental paradigm upon which our therapies are based—that is safe at all times and as the Hippocratic standard suggests, *Do no harm*.

We have a proud and long tradition of providing safe and effective treatments using the medicines we have; we must not allow that to be changed. We must focus on this question, 'how has the world survived for so long without the standardised herbs?' How have we survived plagues and pestilence and disease?

THINK TANK

What scheduled herb have you ever felt the need to use?

Recommendation

That we resist the use of strong scheduled herbs and develop skills about where herbal medicine can be used, apply nutrition and an effective tactile therapy to assist the ailing public. Let pharmacy be in charge of the very powerful products that are sometimes needed and let the doctor be the gatekeeper of those products. We may need to refer our clients to use these medicines, but let us know our

boundaries and be happy with that. For people who want the standardised product and access to scheduled herbs, then go and become a pharmacist or a doctor.

THINK TANK

If the government said you could only have one (yes one!) herb to use in your practice could you remain in business? If you answered yes then what herb would that be and what would you do differently in your clinic?

Doctors are registered. Are they safe and do they have the confidence of the consumer?

Tom Noble, Health Editor for The Age newspaper commented on December 11 to 2003 on the Hospital Hazards in Victoria Hospitals. The research shocked Professor Duckett, who was one of the researchers. The findings:

- Almost one in eight people admitted to a Victorian Hospital will suffer a complication during their stay
- Those who had a one day stay suffered fewer complications
- The study results were comparable with other Australian States

An interesting addition that was reported in this article stated "the medical profession went into denial after a 1995 report suggested that more than 16 percent of Australian patients suffered an adverse event during their hospital stay, and it was not until 2000 that federal and state health ministers set up the Australian Council for Safety and Quality in Health Care, taking a national approach to the issue".

This is a highly regulated profession. In August 2003 The Age revealed that the state's hospitals reported to the Health Department 16 deaths caused by medical mistakes for the year to June 30* 2003, the second year hospitals have been required to report such mistakes
www.medicalrenaissance.org/newsletter 2004/5 January 2004

The powerful medications doctors use and the surgical procedures doctors participate in confirm that they **MUST** be highly regulated as they do kill people and that they firmly fall into the most contentious point under the criteria to be registered.

However, I would like to stress that in many cases doctors are victims of regulation and many are concerned the way their profession is going. I would encourage all to log onto www.medicalrenaissance.org/newsletter to read what some very enlightened doctors are saying in relation to their profession.

I strongly believe that this is an opportune time for both professionals to come together and redesign the current health system and start a combined renaissance. This is possible.

Scientific infers credibility

Often we, as natural therapists are told we are unscientific and we must 'step up to the plate' of scientific scrutiny and then we will be more credible.

It really is time this we, as a group of professionals start to challenge this ridiculous claim.

Robert J. Weiss, MD (year) states: "For a profession which considers itself scientific, we have approached in a most unscientific fashion the issue of the appropriate use of technology and treatment ... not only have we not been scientific, we have not been humanitarian." Further, McTaggart (1996) says that:

The shocking truth is that 80 per cent of the treatments we take for granted—cholesterol lowering, heart surgery, even treatment for everyday conditions like arthritis or asthma— have never been scientifically proven to work, let alone to be safe.

The role of the consumer is our salvation

THINK TANK

Ask yourself why the consumer has moved over to natural therapies and is prepared to pay out of their own pocket, creating a magnificent revolution?

The consumer is an untapped resource who can guide us. They are better educated and more proactive than ever before when it comes to their health. They CHOOSE US and will continue to do so if we keep offering what we currently offer:

- Time
- Care
- Focus on the person
- Wholistic management
- Safe effective treatment and products

All drawn from 40 thousand years of empirical data supporting the treatments we offer.

Technology is advancing at a rapid rate in the world of medicine. These technologies are being designed with the consumer rather than the doctor in mind. Alexander Wyke (1997, p. 239), author of 21st Century Miracle Medicine states "these technologies promise to nudge medicine off a pedestal, making it more convenient and attainable, not to mention cheaper".

What does this mean for us? We do not cost the Government anything. The consumer makes a conscious and educated decision to seek out our services and through their satisfaction continue to do so

Wyke (1997), continues "the more the organised individual can actually manage their health, the less the workload for doctors and hospitals".

Sir Keith Peters, Regius Professor of Physics, University of Cambridge School of Medicine, Addenbrooks Hospital, Cambridge, England, in the foreword for Wyke 1997 uses the term *Empowered Consumerism* and suggests "the changes in medicine in the next 50 years will be greater than those that have taken place so far". He also offers that medicines, both orthodox and natural are "dominated by uniquely informed consumers, with information technology empowering individuals to participate in and organize their own customized plans for prevention and treatment of disease".

The Natural Health Care Alliance, (2004, p.14), supports the fact that medicine is in dire straits when it comes to financial viability and suggests "The evidence before us is that the current medical system is unsustainable, and may be failing. Much of the rapid growth of funding is caused by the need to prop up the public hospital system, and pay for newer drugs and dubious evidence of benefit or better outcomes. Under the proposal for the new Medicare Plus, doctors are to be paid an average of over \$25,000 per annum without any agreement for improved productivity and without any evidence that health outcomes for consumers will be improved. The Treasurer's Intergenerational Report (2001) identified the growth of the cost of pharmaceuticals as unsustainable".

Wyke (1997, p.241), strengthens these comments and offers "... the shift towards a consumer driven health system could not, in a sense, have come at a better time". Although this reference is a decade old it is very relevant to our discussion.

But who to register? Our group is multifaceted in that we have ingestible and tactile groups

Both groups have special needs and each group is broken into further sub groups. Is it possible to develop a model where all needs can be met? Are we [the natural therapies profession] ready to take up the challenge and design our very own model?

The journey of the medical profession

Going back in time to the late 1800s offers us a timely view of the era and how incredibly there are similarities to us. Willis (1989, pp. 42-43) offers:

"This early period in the development of medical care in Victoria was dominated by controversies over appropriate treatments, both between qualified medical practitioners (i.e. those with some recognised training), and also between qualified and unqualified practitioners of various types. These controversies resulted from the state of medical knowledge of the time; in particular the lack of what Larson (1977) calls a 'secure cognitive basis ' for medicine. The rudimentary knowledge of disease and an inability to demonstrate effectiveness of treatments meant that the practice of medicine could not be based on a unified, standardised knowledge base as was possible later. Yet the universality of need for medical services on the part of the population means that in the absence of such a basis, competition between practitioners was widespread. The effect, Larson (1977:20) argues, was that we cannot speak of a single market for medicine but several markets, with different medical commodities being produced by different schools of healing such as allopathy and homeopathy. The controversies were better indeed, a state of affairs which lead a British observer to comment in the Lancet of 1860 on 'the ver), disunited state of the profession is evidenced from a mass of papers and reports in the Melbourne press ... indeed, Melbourne and its hospital have certainly become famous in the annals of socio-medical warfare'. There was even a case reported of a duel being fought between two doctors at Bendigo in 1861 following a disagreement over the treatment of hydatids."

Cases of horsewhipping and duels were commonplace as medical practitioners struggled to dominate the world of medicine. Although we have not been found to participate in such aggressive behaviour there is a real division within our group and I would suggest that this is more about emotional positioning around subjects such as registration and what to call ourselves rather than anything else.

We are at the crossroads and it is time to choose the carriage and the destination we want NOW. First we need to assess statutory registration.

THINK TANK

Should we set up a model for all natural therapists, and should we come up with a name to call ourselves?

What type of Registration?

To commence the debate we will start with the common type of registration and that is 'statutory registration'. Within this type of registration there is a certain structure and it is essential that each of the criteria is met before successful registration is achieved. These will be evaluated.

Criteria for regulation

There are six criteria that must be met if a profession is to be regulated in the form of statutory registration. I call on Lin, McCabe and Howse to set the scene in introducing the criteria and offering the framework that forms the foundation to the required criteria. These writers offer, "Occupational regulation in Australia is framed by the Commonwealth Mutual Recognition Act of 1992 and elaborated by the Australian health Ministers Advisory Committee (AHMAC) 'Criteria for Health Occupations', consisting of six criteria that must be satisfied if a profession is to be regulated. In 1995 AHMAC adopted a general position of limited government involvement in professional regulation and legislation and passed enshrining National Competition Policy (NCP) in all Australian jurisdictions. This legislation requires that the costs and the benefits of regulation be weighed, that a competition test be applied, and that there be a net public benefit from regulation. Consideration must also be given to potential problems in implementing competition policy—such as the creation of barriers to entry and/or an increase in the burden related to regulation. The sixth AHMAC criterion reflects the NCP principle and addresses the question of whether other means exist (apart from regulation) for achieving the desired net benefits.

The criteria are:

1. Is it appropriate for Health ministers to exercised responsibility for regulating the occupation in question, or does the occupation more appropriately fall within the domain of another ministry?
2. Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?
3. Do existing regulatory or other mechanisms fail to address health and safety issues?
4. Is regulation possible to implement for the occupation in question?
5. Is regulation practical to implement for the occupation in question?
6. Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?

Criterion 1

Is it appropriate for Health ministers to exercise responsibility for regulating the occupation in question, or does the occupation more appropriately fall within the domain of another ministry?

Generally the literature agrees that the Natural Therapies group falls under the domain of the Health Ministers.

The products used by practitioners within this group is governed by *The Therapeutic Goods Act*, legislation pertaining to food standards and the standards of hygiene as it relates to practitioners under the legislation pertaining to public health.

Consultations are sought out by the consumer seeking either Primary Health Care, Preventive Care, or a focus on wellbeing and maintenance.

Criterion 2

Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?

This is the one that causes our profession the greatest concern. Although all therapies have the potential to cause some degree of harm evidence may be offered that our therapies are safe in trained hands. In fact we do not kill enough people to be considered for registration. In April 1996 The Australian Traditional-Medicine Society, under the authorship of Mr Raymond Khoury submitted an exceptional document to Government laying out the argument in relation to Occupational Regulation. It is a fine document. Contact The Australian Traditional Medicine Society.

For anyone to suggest that our profession should be registered via statutory regulation surely exposes themselves as naïve and removed from any understanding about the fundamental paradigm upon which our profession is based. The benchmark for the need of government registration is determined by the degree of risk that is involved with the modality under question. Commentary offered by the NHRC creates focus, "Statutory regulation may be required where significant risk is identified and professional bodies are unable to co-operate to reduce risk for the consumer. Cooperation is preferable to statutory regulation generally". The additional point that must be identified is the use of the term 'significant'. All research that is unbiased agrees that the profession is safe in trained hands. It would be misleading and dishonest to claim that there are no adverse reactions, yet they do not warrant statutory regulation.

In the paper *In the public interest? Regulating alternative medicine* by Arthur O'Neill delivered to the Australian Pain Society, 17th Annual Scientific Meeting, Canberra, 10-13th March 1996, the following comments are drawn from that paper that are of relevance to us in this present era:

...one is led into a dead-end by debating whether government regulation is or is not, in principle, a good thing. In order to appraise a regulatory arrangement we have to analyse the circumstances which gave rise to it, the justificatory evidence, the manner in which the regulation is given effect, and the consequences of its operation ... regulation makes possible the orderly conduct of disorderly houses and the supervisory pin-pricks endured by the owners of licensed acupuncture, tattooing and ear-piercing establishments.

Protection is a constant resort in all the arguments about regulation; which means a danger has to be established in order to sustain legislation. ...Similarly, advocates of practitioner registration rely on the desirability of patient protection....

O'Neill draws on Knox [Health Minister for Queensland in the 80's] "... it is becoming almost a fetish in our community to have everybody registered. In fact, a lot of this is just another form of bureaucracy and what I term 'closing the shop' without any great benefit in standards or anything else to the community ...".

Within the context of criterion 2 the significant harm is actually broken into 3 sub categories and O'Neill refers to these under categories a, b and c. drawing from a Standing Committees' documents. These are:

- a) cause death or serious physical or mental harm to patients
- b) cause less serious harm to patients
- c) merely cause discomfort to patients

The committee reported that most of those falling under (a) were already registered, and all of those under (c) should not be and if they were they should be deregistered, and those under (b) were to be further investigated.

O'Neill refers to the Registration of Health Professionals Working Party and suggests "that the only test was to be whether people needed protection. The Working Party said: 'The higher the potential to cause harm, the greater justification for concern by Governments in the public interest'".

Criterion 3

Do existing regulatory or other mechanisms fail to address health and safety issues?

No they do not and in fact the regulatory bodies and mechanisms that are in place more than address this criterion and the professional activities of natural therapists fall within the boundaries of the Health Ministers

Criterion 4

Is regulation possible to implement for the occupation in question?

If we look at the profession as a whole and not isolate certain groups as evident in Victoria I would consider it not possible to implement. In order to do this each occupation within the profession at large would need to put forward their individual case and surely this should not be acceptable to us. The profession must move forward as a group and have an 'all for one and one for all' mentality.

Criterion 5

Is regulation practical to implement for the occupation in question?

The implementation of statutory registration is not practical. Apart from the fact there is no way we can comply with criterion 2 the profession would have to break down all the modalities.

Criterion 6

Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?

One very real issue is the fact the cost to administer will be quite high and the consumer will wear the costs as the practitioner has no choice to raise their fees. In addition, once the profession has admitted they have the potential to cause significant harm, then their insurance will increase dramatically.

Naisbitt (2000, p.20) offers, "The directions and turns the world will take are embedded in the past and in the present"

When assessing the above criteria we must not overlook the people we treat each and every day. Is it them calling for something to be done about us or is the focus on another group?

The consumer decides—that is who we treat; they are the core of our businesses. What do they say? It is a resounding voice of acceptance via the quiet yet powerful revolution heading in favour of us, not against us. They are the well educated consumer providing us with the greatest opportunity ever presented. To actually build our very own system and have ownership over that system.

Registration Boards

Philosophy may not be followed as the Board may comprise other professionals with opposing philosophy

Doctors on a Board may not be appropriate and we could find them in a dominant role

Medical dominance

In order to discuss the dominance of the medical profession it is, an interesting and educational journey to go back in time to the mid 1800's and proceed to the present day. Not only does the literature uncover the journey from quackery to acceptance and then forming the monopoly they have over the entire medical profession and continue to have to the present day.

Evans (1987, p. 3) offers *"In the relationship with medicine, any direct association must be under the control and direction of doctors ... registration has traditionally been on terms acceptable to medicine or not at all"* Although this quote is several years old there is no evidence to suggest that the requirements have changed in any way.

Exclusive rights of medical dominance are granted to the medical fraternity as they "penetrate the body, physically by surgery or chemically by drugs" Evans (1987). Evans continues "...even those occupations which are outside the direct evaluation and thence control of medicine, are nonetheless likely to be indirectly controlled by the involvement of doctors in the formal organisation of the. This can occur either by medical representation on their registration boards or by the denial of legitimacy through medical opposition" (p. 3).

The role of government

Wyke (1997, p.239) offers that "... governments regularly intrude, ostensibly to protect peoples' interests. Each new medical tragedy heralds the spilling of yet more regulation ... medicine can claim whether proudly or ruefully, to be among the globe's most tightly regulated markets"

Recommendation of the Review Committee (29)

Effective, transparent and accountable self-regulatory structures for complementary healthcare practitioners:

(a) certification system which incorporates

- i. appropriate standards of training for membership, established via a consultative process with the profession and endorsed by the relevant education/industry authorities

- ii. an established, transparent procedure for assessing practitioner qualifications, incorporating an examination where necessary
- iii. effective incentives to ensure practitioners seek and maintain certification
- iv. annual requirements for continuing professional development as a condition of continued certification
- b) a code of ethics with which certified practitioners agree to comply
- (c) effective procedures for receiving, investigating and resolving consumer complaints
- (d) an established disciplinary system for enforcing conduct and continuing professional development requirements, able to investigate and apply sanctions where necessary, together with a process for appeals
- (e) effective incentives for compliance with codes of practice as well as sanctions for non-compliance with standards of practice and other membership requirements external scrutiny and involvement of experts who are not members of the profession, to promote transparency, accountability and credibility

Recommendation 32

The Australian Government and States/Territories work together with the various professions to promote development of strong, independent and accountable self-regulatory arrangements for complementary medicine professions that satisfy the criteria listed in Recommendation 29, through:

- (a) support and advice, including short-term financial assistance where deemed necessary
- (b) involvement of the professional associations in policy development and committee processes
- (c) encouraging health funds and workers compensation insurers to restrict 'approved provider' status to members of an independent and accountable self-regulatory body
- (d) accreditation of education and training courses up to degree and diploma level, by vocational education and training and higher education bodies.

The Expert Committee's view was that, currently "the bar was set too low: in the area NH/CM Practitioner accreditation and regulation and that these standards needed to be improved and made national for the protection of the public".

Here we go again. Protect the public from what and whom. We do not and never have been dangerous. The ones who are are highly regulated and so they should be. The comment re: education shows that the Expert Committee were hood winked yet again by intruders into the debate with a vested interest in registration. The following statement from Anna-Louise Carlton of the Victorian Human Services was taken from the NHRC response paper to The Expert Committee on Complementary Medicines in the Health System and she offered that nationally consistent standards were required for regulation of practitioners. Interesting that the contribution did not offer the fact that there are National Standards through the very complex Health Training Packages that cover

Natural Therapies/Medicines. Close scrutiny of this framework confirms that Associations are compliant.

Sherwood (2005, p. 329) offers the following, "It is fortunate for natural medicine that it does not suffer from the same problems as biomedicine. Its education does not become obsolete, because it is

generally concerned with ancient concepts. Its practices are relatively safe and effective. The public appear to be satisfied with natural medicine, as it is. Clearly there is no urgent need for EBM [evidence based medicine] to be applied to natural medicine in the public interest.

The public interest is already being satisfied, as evidenced by the increase in natural medicine usage in the last decade".

OUT OF THE PAST COMES THE FUTURE

Why not develop a new and vibrant Health Care System that caters to all concerns. There are enough doctors, academics, politicians, bureaucrats and natural therapy practitioners seeking harmonious changes that it is truly possible.

Dr Marc Donohoe is quoted at the Sandringham Yacht Club on 12th November 2003, "if we do not change from the present system (of heavy subsidy for the pharmaceutical industry and ever increasing amounts of money going into 'big' medicine), our children and grandchildren will be deprived of any decent healthcare system and their health and wellbeing will be affected". (*reported in Journal of the Australasian College of Nutritional & Environmental Medicine, vol. 22, no.3, December 2003, pp. 17-18*).

We are highly regulated through self regulation via our professional bodies. Argument that they must have one voice does not hold water. Why? We live in a democracy and all are entitled under the law to have a say. The medical dominance we see today is not the preferred way as it is shown to be not acceptable by the informed and educated consumer and an ever increasing number of doctors themselves.

Is there the possibility of developing our own unique system that would cater to all the needs of all participants?

Yes there is and it is offered by Peter Sherwood (2005, pp.317-8) in his very informative book *Healing: The history, philosophy and practice of natural medicine*. He states:

"The Voluntary Integrated Model involves voluntary cooperation between natural medicine practitioners and doctors, and their clients, and appears to maximise opportunities for clients. These practitioners usually cross-refer and keep each other, and their clients, fully informed about options and outcomes. In this scenario, clients are informed of the potential of the referral and decide themselves whether they want to be referred. For some cooperation to be successful the practitioners must always:

- *act in good faith;*
- *be mutually supportive;*
- *be respectful of each other's practice; and*
- *by treating each other as equals, engage in frank and open communication with each other and with the client*

These kinds of professional arrangements appear to follow the development of social friendships in which the practitioners are often surprised to discover that professionally, they have much more in common. Some of these relationships already exist within integrated medical practices and in pharmacies. These doctors and pharmacists are:

- *usually concerned about iatrogenesis*
- *cautious with drug prescriptions: and*
- *willing to discuss all aspects of their treatment openly with the natural medicine practitioner and the client.*

The natural medicine practitioner is usually similarly inclined."

To add to this point the natural therapist often feels they are in a subordinate role as they do not view the client in the same way as the medical practitioner. There are two very distinct paradigms operating. One is from the reductionist perspective and the other from the wholistic view. Each is able to operate effectively so long as each is respectful of the others' point of view. This is possible.

People are blaming their circumstances for what they are. I do not believe in circumstances. The people who get on in the world are the people who get up and look for the circumstances they want, and if they don't find them, they create them.

George Bernard Shaw

We are at the crossroads and it is time to choose the carriage and the destination you want NOW.

But first who are you as Natural Therapy practitioners and what do you offer? Why have you become so popular? The following information will provide a reason for you to hold your head up and demand your rightful place in the bio-medical model that we will make happen

Sherwood (2005) offers such a comprehensive list that covers all we do. It covers the practitioner and the aims of the practice of natural medicine:

The natural medicine practitioner:

- Treats clients according to the laws of nature;
- Educates clients to take responsibility for their own health and to prevent disease;
- Provides a holistic approach to treatment by addressing mind, body, and spirit;
- Uses therapies which support the Vital Force and therefore stimulate the self-healing power of the body;
- Promotes the elimination of toxic wastes by stimulating liver function and the organs of elimination to excrete them;
- Provides nutrients to repair tissues; and
- Avoids medications that have harmful side-effects and/or interfere with the self- healing power of the body.

The philosophy of natural medicine has fundamental theories:

- The body has an innate (inborn) ability to restore balance and self-heal;
- Humans are multi-functional beings made of body, mind and spirit;
- The Vital Force is a term used to describe the interaction of energy systems and their interaction with the environment; and
- The connection between the physical body and the spirit occurs through series of complex energy connections which form the Vital Force/Life Force;

Natural medicine treatment aims:

- To do no harm; to address the cause/s of the health challenge;
- To enhance the Vital Force;

- To enhance the liver detoxification; and
- To enhance elimination via the kidneys (urine), skin (sweat), lungs (exhaled air) and the bowel (faeces).

Natural remedies/medications are divided into three broad categories:

- Substances found only in nature: organic food, pure water, fresh air, sunlight, whole herbs;
- Substances that have been minimally processed, but still retain their original natural state: herbal extracts, capsules, homeopathic, vitamins and minerals, food extracts (Spirulina, vegetables and fruit juices); and
- Manufactured remedies that resemble natural substances, such as synthetic vitamins and mineral supplements. These are often less expensive and available in higher concentrations" (pp. 163-164).

The above clearly states who we are, what we do and how we do it. If we can agree on who we are, what we offer and the process that is required to adopt changes then the battle is almost over.

A renaissance described by Naisbitt (2006, (p.48) " ... where men and women stood up to break the shackles of the mindset of the Middle Ages and open the door to the Modern Age. Full of thirst for knowledge, thirst for action, and with great curiosity, they laid the foundation for our modern civilization

With this definition in mind surely we can refer to this period in our history as a Renaissance, where the doors are opening to a new paradigm, one that we as a profession will design and implement, leaving behind the dark ages we have been through.

Calling on Gary Null, Ph.D et al (2004) "Something is wrong when regulatory agencies pretend that vitamins are dangerous, yet ignore published statistics showing that government-sanctioned medicine is the real hazard".

OUR VISION

What is it?

In order to develop the vision we must see ourselves for what we are. Once that is established then we gather together to agree on our vision. Once that is established then we move forward as a respectful, caring and loving group. It does not matter what association you belong to as we are all colleagues in the marketplace. After all we are viewed as a group by outsiders.

What is the basis upon which we want to move forward?

We can only move forward from a point of agreement and respect. Fragmented we will be led; together we will lead our profession out of the darkness and into the new model of health care WE, not others will create.

What do we really want as a group?

Harmony, consistency, respect as an equal participant in the emerging biomedical model of the 21' Century.

If we cannot answer these questions for ourselves then the dominant medical profession, the academics and bureaucrats directed by government will do it for us.

None of this will be handed to us on a plate; we will need to show we are prepared to fight for our rightful place.

United we can make a powerful difference.

Divided we will not survive and our wonderful therapies will go to ground yet again.

FINAL NOTE

We should take a page out of the Australian Future Directions Forum. Kreahe (2006, p. 7). offers "This forum is to help develop the next generation of Australian leaders, but to also elicit the thoughts of emerging leaders about the challenges they see facing Australia and their aspirations for the nation".

We too can develop a Future Directions Forum and expand on the work already underway through the Futures Committee, operating under the banner of the Australian Traditional-Medicine Society. A forum to gather like-minded people, seeking harmonious change and a new direction for our profession would be a starting point. Invitations to all the people who have researched the subject and who have an opinion should be invited.

To help guide the form it may be useful to follow the Australian policy cycle, put forward by Bridgeman, (2000, p. 27). He offers "this cycle commences through policy analysis, policy instrument, consultation, coordination, decision, implementation, evaluation" This process may act as a guide.

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