

UNDERGRADUATE MEDICAL EDUCATION AND UNORTHODOX MEDICAL PRACTICE AMC POSITION STATEMENT

INTRODUCTION

During 1997 and 1998, the Australian Medical Council (AMC) discussed some of the issues arising from the growth of unorthodox health practices commonly referred to as complementary therapies or alternative medicine¹. This discussion resulted in the establishment of a working party of the AMC Accreditation Committee to consider the issues relevant to the AMC in the exercise of its responsibilities for standards of basic medical education in Australia and New Zealand.

Members of the working party were:

- Professor Laurie Geffen, Chair, AMC Accreditation Committee (Convenor)
- Ms Helen Lapsley, School of Health Sciences Management, The University of New South Wales and member of the Medical Board of New South Wales
- Professor Eugenie Lumbers, School of Physiology and Pharmacology, The University of New South Wales
- Professor Ian Simpson, Chair, Division of Clinical Sciences, School of Medicine, University of Auckland
- Dr Lloyd Toft, President, Medical Board of Queensland.
- Ms Theanne Walters, AMC Deputy Executive Officer (Secretary)

¹ *The terminology used to describe the many health practices and remedies that lie outside the norms of current medical practice is a vexed but important matter. The terms 'orthodox', 'conventional' or 'scientific' medicine, while not fully synonymous, are commonly understood to refer to medical practices that are based on scientific principles and that have been subject to scientific evaluation (with various degrees of rigour), ongoing audit and peer review. This system of medical practice that developed most extensively in the West during the 20th Century is now the dominant health care paradigm in the world. However, it co-exists in varying degrees with other systems of health practice that either have local cultural origins or are propagated by commercial interests or both.*

'Complementary' and 'alternative' are the most widely used catch-all terms for these practices and are employed either separately or together.

For the purposes of this paper, it is expedient to refer to this diversity of non-mainstream health practices as 'unorthodox', because the more commonly used collective terms 'alternative' and 'complementary' are unsatisfactory. Both terms imply efficacy, either comparable to or additional to orthodox practice. Moreover, their plain meanings are irreconcilable with one another since a therapy cannot both be complementary and alternative at the same time.

In developing this position statement, the working party:

- Collected information on the approaches of other standards bodies dealing with medical education including the Medical Council of New Zealand, the General Medical Council of the United Kingdom, the Liaison Committee on Medical Education, and the Medical Council of Ireland.
- Asked the Australian and New Zealand medical schools for information on their teaching on unorthodox medicine topics.
- Consulted numerous articles and reports on unorthodox health practices. A list of useful references is at Attachment 1.
- In December 1999, circulated a draft discussion paper to a range of stakeholder bodies, including the medical schools, medical boards, health consumer groups and specialist medical colleges for comment. Thirty responses were received, and these comments were considered by the June 2000 meeting of the Accreditation Committee, which made additional revisions to this paper in response.

POLICY ISSUES FOR THE AMC

This paper provides a commentary on the issues relating to unorthodox health practices that are relevant to the AMC in the exercise of its responsibilities for standards of basic medical education in Australia and New Zealand. The recommendations from this paper concern only the AMC's Guidelines for the Assessment and Accreditation of Medical Schools. A related set of issues, relevant to the AMC Uniformity Committee, arises from the use of unorthodox practices by registered medical practitioners. These issues require the medical boards to develop appropriate policies taking into account various legal, ethical and professional considerations that lie beyond the scope of this review. Similarly, although the working party was aware of developments at both state and national level to encourage the regulation of a number of unorthodox therapies, issues relating to the regulation of standards of practice and education of these practitioners lies outside the scope of this paper.

Several Australian universities have or are developing courses and topics with titles such as Complementary, Alternative, Holistic and Integrative Medicine. In Australia, there are at least 16 degree courses in unorthodox practices offered at university level, in addition to courses at TAFE level and

through independent training providers. It is possible that the AMC will be approached to accredit a School conducting such courses.

The AMC Guidelines for the Assessment and Accreditation of Medical Schools describe the overall goal of basic medical education as follows:

“The overall goal of basic medical education is to produce broadly educated medical graduates with an appropriate foundation for further training in any branch of medicine... Knowledge and skills should be firmly based on scientific principles... Above all, graduates in medicine should be competent to practise safely and effectively under supervision as an intern.”²

The AMC responds to enquiries about the recognition of new medical schools by providing a copy of the AMC Accreditation Guidelines and inviting the institution to communicate further with the Council when it believes it can develop a proposal that will meet the Guidelines. A similar response should be used for any enquiries concerning schools of unorthodox medicine. The working party considers that a school of unorthodox medicine would not satisfy either the overall goals or the more specific aims and objectives of basic medical education contained in the AMC Guidelines.

In relation to the development of subjects/units on unorthodox practices in accredited medical courses, the working party’s enquiries indicate there is consensus in Australian and overseas medical schools that medical graduates should have an understanding of what unorthodox medicine encompasses and some skills to deal with this issue in practice. Information from the Liaison Committee for Medical Education indicates that more than half the US medical schools include issues relating to unorthodox medicine in one or more core subjects and 40% offer electives on alternative medicine topics. From its survey of the Australian and New Zealand medical schools, the working party noted that all the medical schools give some attention to issues relating to unorthodox medicine and that more than half the schools plan to expand their course offerings in this area.

An Advisory Panel to the newly established National Centre for Complementary and Alternative Medicines of the US National Institutes of Health has listed 63 health practices including 14 alternative systems (theories), 5 bioelectromagnetic applications, 6 approaches to diet, nutrition and lifestyle, 7 types of herbal medicine, 12 varieties of manual healings, 14 methods of mind/body control and 5 pharmacological and biological treatments.

The primary justification for addressing unorthodox practices in the educational guidelines for orthodox medical courses in Australia and New Zealand is that about half the population will use these

² *Guidelines for the Assessment and Accreditation of Medical Schools Australian Medical Council 1998, pages 23-24.*

practices at some stage in their lives. In Australia about 20% of the population visits unorthodox practitioners each year and expenditure on such therapies is of the order of hundreds of millions of dollars annually and is increasing. The Australian Bureau of Statistics report, *Australian Social Trends* (1998) shows that 69% of the population had used some medication in the fortnight preceding the survey, of whom 36% had used a prescribed pharmaceutical, 35% had used other remedies and 29% had used both.

Medical practitioners are also increasingly using unorthodox therapies. Since acupuncture was introduced as an item eligible for Medicare payments in 1984, claims have risen by 50% in 12 years (in the year 1996/7 representing a reimbursement of \$17.7million by 15% of general practitioners). Health insurance companies are increasingly providing reimbursement for a range of unorthodox therapies, whether delivered by medical practitioners or others.

This level of involvement of patients, medical practitioners and others in unorthodox practices, make it imperative that medical schools address these issues in their curricula.

In addition, the Australian State and Territory Medical Boards and the Medical Council of New Zealand have developed policy statements on the standards of practice expected of medical practitioners who choose to use unorthodox therapies. It is important that medical students are aware of and are prepared by their training to meet all the requirements of the medical boards. As an example, a copy of the policy of the Medical Council of New Zealand, which has guided the development of many of the boards' policies, is included at Attachment 2.

CURRENT GUIDELINES RELEVANT TO UNORTHODOX PRACTICES

In the Accreditation Guidelines for Medical Schools, the AMC does not prescribe either the specific topics that should be included in medical curricula or how they should be delivered. Instead, the Educational Guidelines provide generic goals and objectives. Each medical school is required to define its own more specific goals and objectives and to devise an appropriate curriculum to meet them.

The present Guidelines focus on the knowledge and understanding, skills and attitudes that are required for the practice of orthodox medicine. Whilst they do not mention unorthodox practices, virtually all the objectives, by specifying desirable attributes of orthodox practice, provide indirect commentary on unorthodox medical practices. The following objectives are of special relevance to the issues canvassed in this paper.

Objectives relating to knowledge and understanding

- (i) Scientific method relevant to biological, behavioural and social sciences at a level adequate to provide a rational basis for present medical practice, and to assimilate the advances in knowledge which will occur over their working life.

This objective relates both to the current scientific basis of orthodox medicine and to the use of scientific method to advance present practice. Unorthodox practices that can be demonstrated by the methodology of evidence based medicine to be efficacious become orthodox by definition even if the scientific basis of their efficacy is not understood. They must then be reconciled either with prevailing scientific theories or else new testable hypotheses about their mechanism of action need to be generated and tested.

- (ix) Systems of provision of health care including their advantages and limitations, the costs associated with health care, the principles of efficient and equitable allocation and use of finite resources, and methods of meeting the health care needs of disadvantaged groups within the community.

The systems of health care referred to in this objective are by implication orthodox systems. However, efficient and equitable use of health care resources needs to take account of the widespread and extensive use of alternative systems by the community. Medical graduates need to have some knowledge of the range of unorthodox practices, the needs they meet, their effectiveness and safety, the extent of their use and their costs.

- (x) The principles of ethics related to health care and the legal responsibilities of the medical profession.

Similar ethical issues apply to the use of unorthodox medical and orthodox medical practice, such as consent, risk, resource allocation etc. Teaching concerning ethics thus provides an opportunity for comparison of the basis, context and practice of orthodox and unorthodox medicine.

The principles underlying ethical and legal responsibilities of medical practitioners need to be explained in relation to unorthodox practices performed either by medical practitioners or by other health care providers. Guidelines developed by the medical boards could provide a useful framework for discussion.

Objectives relating to skills

- (i) The ability to take a tactful, accurate, organised and problem-focussed medical history.

Patients presenting for treatment may also be users of unorthodox health therapies. History taking skills should include the ability to take a history with respect to these therapies so interactions can be avoided and toxicity recognised.

- (vi) The ability to formulate a management plan, and to plan management in concert with the patient.

Many people use unorthodox practices because they feel more empowered and involved in their own health. In recognition of this, medical board guidelines encourage doctors to present all the information available to allow the patient to make informed choices concerning treatment and management.

Since about half the population will use unorthodox medical practices at some stage in their lives, medical practitioners need to develop the skills to discuss the use of these therapies with patients, and where necessary to guide them away from harmful practices.

- (vii) The ability to communicate clearly, considerately and sensitively with patients, relatives, doctors, nurses, other health professionals and the general public.

- (viii) The ability to counsel sensitively and effectively, and to provide information in a manner which ensures patients and families can be truly informed when consenting to any procedure.

- (x) The ability to interpret medical evidence in a critical and scientific manner, and to use libraries and other information resources to pursue independent inquiry relating to medical problems.

Whilst not all current orthodox medical practices have been fully subject to rigorous scrutiny by the methods of modern evidence based medicine, virtually all have been subject to some form of ongoing evaluation ranging from audit and peer reviews to clinical trials. A discussion of the extent to which evidence based methodology has been or could be applied to unorthodox practices could be a useful way of acquiring the skills related to this objective.

Objectives relating to attitudes as they affect professional behaviour

- (i) Respect for every human being, with an appreciation of the diversity of human background and cultural values.
- (v) A desire to achieve the optimal patient care for the least cost, with an awareness of the need for cost-effectiveness to allow maximum benefit from the available resources.
- (vi) Recognition that the health interests of the patient and the community are paramount.
- (vii) A willingness to work effectively in a team with other health care professionals.
- (viii) An appreciation of the responsibility to maintain standards of medical practice at the highest possible level throughout a professional career.

The attitudes of orthodox medicine practitioners towards the various unorthodox health practices vary widely. Some eschew such practices themselves and counsel their patients against their use. Others either use these practices themselves or refer patients to alternative practitioners.

Reconciling the needs of patients that are currently met by unorthodox practices with best orthodox practice requires the appropriate attitudes embodied in the above objectives. For example, much of the rhetoric of 'holistic' and 'integrative' unorthodox medicine, which claims to consider the patient as a whole individual in a social context and not just as the bearer of symptoms and signs, is entirely compatible with orthodox medicine. Indeed an integrative approach is a prerequisite for best orthodox clinical practice.

It is important for medical students to consider specific situations in which unorthodox practices are clearly not compatible with orthodox practice, for example, when their employment has the potential to do harm, either directly or by delaying the institution of more effective management.

CONCLUSION

By their very nature most unorthodox health practices are difficult to define and evaluate by the considerations that apply to orthodox medicine. Nevertheless, this does not mean that the education and training of orthodox medical practitioners can ignore the issues raised by the prevalence and diversity of such practices. Despite their unproven efficacy, dangers and cost, unorthodox health

practices thrive on perceived needs in the community. Some of these needs, such as the wish for remedies for conditions that are irremediable cannot ever be met by orthodox medicine. Nor can remedies generated by particular cultural beliefs ever be fully replaced by conventional medical practice.

On the other hand, where orthodox medicine is perceived to be too remote, too technical or too dehumanising, there is clearly room for improvement in practicing in a holistic, integrated and empathic manner. The AMC's Educational Guidelines for Medical Schools already describe the necessary knowledge, skills and attitudes. Medical Schools should be encouraged to devise teaching and learning strategies that address the relevant educational objectives as they relate to unorthodox health practices.

AMENDMENT OF THE ACCREDITATION GUIDELINES

New guidelines will be incorporated in the AMC Guidelines for the Assessment and Accreditation of Medical Schools as set out below to (additions are in *italic*).

Part 3 Section 3

Emergent Topics Requiring Especial Emphasis

A number of emergent topics that are of considerable contemporary importance may fail to be adequately represented because they cross several disciplines. For example ethics, evidence based medicine, the specific health needs of indigenous people and minority ethnic groups, and many other themes need to be incorporated into the organisation of the curriculum. The curriculum committee should develop a mechanism to recognise local and national needs. In many cases, the process will be facilitated by ensuring that at least some of the assessments are integrated across disciplines.

The use of unorthodox health practices (often called alternative or complementary medicine) in the community is a topical example. Many of the knowledge, skills and attitudinal objectives outlined above for basic medical education are also relevant to understanding the needs that unorthodox practices seek to meet. These objectives provide a basis for a balanced evaluation of the efficacy and consequences of such practices. It is therefore recommended that specific opportunities be provided for students to focus on the types of unorthodox practices and remedies most widely used. Medical schools are encouraged to devise teaching and learning strategies that examine the interface between orthodox and unorthodox practices, and an understanding of evidence-based practice.

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