

# President's Message



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It seems like it was only a couple of months ago that I had taken office as the President. How time has flown! I will be handing over the chain of office in a couple of months' time.

In this penultimate message, I would like to share my view on a controversial topic – Traditional & Complementary Medicine (T&CM). There has been much debate recently whether the practitioners of conventional medicine, known variously as allopathic or western medicine, should introduce T&CM into their practice.

The purists would strongly oppose a registered medical practitioner (RMP) delving into this as it is considered non-evidence based medicine. The Malaysian Medical Council (MMC) has also taken the stand that RMPs should not practice any form of T&CM or alternative therapies that are generally not accepted by the Council.

It is no secret that in spite of the proscription by the MMC there are many RMPs who have incorporated some elements of T&CM into their practice. A new branch that is now being promoted, called Integrative Medicine (IM), includes the major elements of T&CM combined with allopathic medicine into a comprehensive treatment strategy. The practitioners of integrative medicine claim that IM has its main focus on preventive medicine rather than the treatment of diseases alone. IM aims to look at health and healing in a holistic manner without just focusing on disease only. While this was how conventional medicine was practiced before, the technological advancement in modern medicine has in some ways removed the touch of the healing hands of the physician from the patient. There is certainly a case to bring this practice back into conventional medicine.

It is, therefore, not surprising that the World Health Organization (WHO), recognising the role T&CM has played in many countries, especially in the third world, for several centuries or even millennia, developed and launched the WHO Traditional Medicine Strategy (WHO-TMS) 2014-2023, in response to the World Health Assembly Resolution (WHA62.13). This new document was to build upon the earlier version of WHO-TMS 2002-2005.

The strategy document is to support the Member States in developing proactive policies and implementing actions plans that will strengthen the role of traditional medicine in keeping the populations healthy. The executive summary of the strategy states that T&CM is an important and often underestimated part of health services. It has a long history of health maintenance and in disease prevention and treatment, particularly for chronic disease. It has four key objectives:

- 1. Policy** — integrate T&CM within national health care systems, where feasible, by developing and implementing national TM policies and programmes.
- 2. Safety, Efficacy, and Quality** — promote the safety, efficacy, and quality of T&CM by expanding the knowledge base, and providing guidance on regulatory and quality assurance standards.
- 3. Access** — increase the availability and affordability of T&CM, with an emphasis on access for poor populations.
- 4. Rational Use** — promote therapeutically sound use of appropriate T&CM by practitioners and consumers.

It is also interesting to note that WHO has its own Traditional Complementary Integrative Medicine, Service Delivery and Safety Department to assist the Member States in implementing the Strategy.

In many parts of the world policy makers, health professionals and consumers are grappling with issues regarding safety, effectiveness, quality, availability, preservations, and regulation of T&CM. T&CM continues to be used widely in many countries and its uptake is increasing worldwide as more and more people are becoming disillusioned with impersonal approach with technology in modern medicine. Reports of botched treatment, adverse reactions to drugs and therapies are not helping in easing the situation.

Recognising the prevalence and popularity of T&CM among various communities within the country and the growing trend worldwide, the Ministry of Health of Malaysia (MOH), as a Member State of WHO has conformed to WHO-TMS and created the T&CM Unit in 1996 under the Family Health Development Division.

Several initiatives were undertaken including the launching of the Herbal Medical Research Centre in 2000, formulating the National Policy on T&CM in 2001 and culminating as an independent division with the MOH. The T&CM Bill was passed in 2012 and gazetted in 2013. The Act allows the formation of the T&CM Council to regulate the training and the practice of T&CM practitioners. Currently, there are eight institutions that offer one or more forms of T&CM training with certification. There is also a system of registration of these practitioners similar to MMC in an effort to regulate the training and standards of T&CM as well as to weed out the charlatans who have been practicing without any training or control.

MOH has also set up T&CM clinics in several hospitals in stages manned by properly trained and certified T&CM practitioners. While conventional medical practitioners do not practice T&CM there is

a possibility of cross-referral of patients who desire T&CM in the hospitals that have T&CM clinics. Like the Medical Act, the T&CM Act prohibits the practice of T&CM to duly registered practitioners. This implies that RMPs registered under the Medical Act who want to practice T&CM must obtain the necessary qualifications and be registered under the T&CM Act as well. Notwithstanding this, there are several principles of T&CM that can be incorporated into conventional practice and vice versa.

MMA had formed a T&CM Committee several years ago and this Committee has been organising T&CM Seminars nearly every year and the 7<sup>th</sup> T&CM seminar was held on 27 April 2019. This year's Seminar became controversial as the approval for CPD points was withdrawn unlike the previous years as the MMC had ruled that T&CM is not evidence-based and therefore it should not be promoted to RMPs. This is rather unfortunate as RMPs can still learn what T&CM has to offer and there may be certain elements in it that can be applied, for example, the holistic approach to treatment and healing. One good example is the use of acupuncture in the management of chronic pain. This is a tested modality of treatment and is being practiced by certain trained RMPs. Several Pain Units in government hospitals provide acupuncture service by trained RMPs.

In conclusion, there is a need to promote a holistic approach to managing patients and in certain circumstances, the collaboration between the RMPs and the T&CM practitioners may benefit the patients. It is a well-known fact that many of the patients do seek T&CM practitioners when conventional medicine has failed and the formal collaboration with registered T&CM practitioners will prevent the patients from becoming prey to the charlatan practitioners of T&CM.

