

TRADITIONAL MEDICINE PREPARED BY DR T P DEVARAJ
Chairman EC Committee, 1997-1998

Introduction and Definitions

For purposes of this paper orthodox or conventional medicine will mean treatment which will be delivered by a registered medical practitioner. Non-conventional therapies are those forms of treatment which for the most part lie outside the mainstream of orthodox or conventional medicine. Other terms are complementary, alternative, natural, fringe or unorthodox or holistic medicine. In this paper the preferred term is complementary medicine and will be referred to as CM.

Overseas - a quick reference to the literature would reveal that complementary medicine which also includes traditional medicine is resorted to by many people in various countries. Surveys in which respondents were asked whether they had made use of complementary therapy at least once in the last year indicated that utilisation was high such as 49%(France), 33%(USA) 24%(Denmark).

Usually its use is usually as an **adjunct** to orthodox medicine. However some modalities such as Traditional Chinese Medicine, Ayurveda, Siddha and Unani are not only ancient but also regard themselves as complete systems of medicine.

In the United Kingdom about 160 modalities (or variations) were known in 1987. Those commonly used there in 1994 were osteopathy, chiropractic, homeopathy, acupuncture, herbalism, aromatherapy, reflexology and hypnotherapy. Others could be Alexander therapy, crystal therapy, healing, massage etc. A glossary of some of the common modalities is given as Appendix 1.

There is no common principle linking these therapies though all of them are for treatment of patients. Some of the practitioners of these modalities are trained and regulations guide their practice eg osteopathy but the majority would not fall into this category. At the moment (UK) none of the modalities have statutory regulation other than the Osteopathic Act (1993)

and Chiropractic Act (1994). Others lining up for regulation are likely to be acupuncture and homeopathy. The practitioners of some modalities have formed national professional associations or registers.

In Austria only registered medical practitioners can practice CM. While in France it is referred to as "soft medicine".

In the UK laws governing the practice of medicine do not prohibit the practice of unconventional forms of medicine. Thus the NHS Act 1977 does not specify what form of treatment should be available in the NHS. Hence within the NHS doctors may themselves use CM (if there is appropriate training in a modality then they are expected to be trained accordingly) and it is estimated that up to 15% of the doctors use some form of CM or send their patients to a trained practitioner of CM. However clinical responsibility of the patient is still theirs.

Malaysia

Some of the modalities of CM, apart from traditional medicine, are already available in Malaysia such as homeotherapy, massage, aromatherapy, iridology, reflexology etc. Traditional medicine has a long history whatever its ethnic origin. However what is not clear is what does this term "traditional medicine" encompass? Certainly it is more than just herbal medicines. For instance in traditional Chinese medicine (TCM) it will, amongst others, also include the practice of acupuncture, massage, moxibustion, dietary advice and breathing exercises.

It is commonplace knowledge that Malaysians resort to traditional medicines for a wide variety of conditions - minor as well as serious. It is also known that there are patients who will take both "traditional medicine" and conventional medicine at the same time with or without telling his/her doctor. The MMA should hold the position in any public forum or discussions with consumer groups that it is vital, for proper patient management, that patients disclose any form of treatment which they are taking, be it orthodox or otherwise.

The practise of systems of therapeutics according to purely Malay, Chinese, Indian or other native methods is allowed in Malaysia as per section 34 of the Medical Act 1971. This means that Malaysians have choices.

The local market for traditional medicines has been recently been stated to be over RM2 billion a year while the market for conventional medicine is about RM800 million.

The President has specifically asked for the views of the Ethical Committee on the following points:

1. "The Ethics of Relationships between Registered Medical Practitioners and Traditional Medicine Practitioners"

While the Medical Act remains silent as to the form of treatment that a doctor can provide the Code of Practice of the MMC (see 1.4.3) clearly states that it is unethical for a doctor to care for his patient jointly with a traditional practitioner. Any registered medical practitioner who, either by administering anaesthetics or otherwise, assists an unqualified or unregistered person to attend, treat, or perform an operation upon any other person in respect of matters requiring professional discretion or skill, will be liable on proof of the facts to the satisfaction of the Council to disciplinary punishments. Responsibility for the diagnosis and overall management of the patient rests with patient's doctor. The MMA should hold the position that traditional medicine practitioners should not alter the instructions or prescriptions given by a doctor. Doctors should also ask their patients about their use of non-conventional therapies when a history is taken.

2. The Ethics of the Practice of Traditional Medicine by Registered Medical Practitioners

Since the doctor is responsible for the management of his patient and with respect to medications for its safety and efficacy it follows that a doctor who uses say herbal preparations in the care of his patients may be guilty of unethical conduct as he may not have the necessary information about the safety or efficacy of say a herbal preparation. Besides he has not been trained in the use of such herbal products and therefore may be liable to charges

of malpractice or incompetence The doctor will be also liable to charges of unethical conduct if he should supply a herbal preparation and charge for same when he does not know anything about its safety or efficacy.

The doctor may also be faulted if knowingly he sanctions the use of herbal preparations by his patient for similar reasons. The MMA should hold the position that doctors should not practice any form of non-conventional therapy unless they have undertaken recognised training and be sanctioned by registration with any future regulatory body that may be set up.

3. Any consequential amendments to the Medical Act and the Code of professional Conduct of MMC.

This would be extremely premature at this point in time. First there must be an agreed definition of what is the meaning of "traditional medicine". In the case of traditional herbs what is the evidence re their safety and efficacy? Which of the "modalities" within the aegis of traditional medicine requires regulation?

In the UK those therapies posing greater potential risks to patients are the ones being looked at with a view to regulation by statute so that consumers can be protected from unskilled or incompetent practitioners. In 1987 the UK government stated the conditions for any therapy seeking statutory regulation:

1. That the therapy has been long established and has an established and credible system of voluntary regulation.
2. That there should be recognised courses of training, including a structured system of assessment and external examiners.
3. That there is consensus upon the way forward amongst all the different organisations within that therapy.

4. That the medical profession is broadly supportive of the move towards statutory regulation.

We may want to approach the role and relevance of traditional medicine in Malaysia differently. However we choose to do so it must be obvious that hard information is a priority for decisions that will eventually affect the health care of Malaysians. Further that in future based on scientific evidence that some modalities of traditional medicine ought to be regulated by statute then the MMA should stress the need for legislation encompassing registration, training, setting of standards, ethics of good practice and disciplinary procedures.

Reference:

1. Complimentary Medicine (New approaches to good practice) BMA 1993.
2. Development of Traditional Medicine Malaysia by National Pharmaceutical Control Bureau, Ministry of Health October 1996.
3. Ernst E. The Ethics of Complimentary Medicine ,Journal of Medical Ethics 1996; 22:197-198
4. Ernst E.Complimentary Medicine: Common Misconceptions, Royal Society of Medicine 1995; 88:244-247
- 5.Herbal Remedies: Consumer Protection Concerns. K.Balasubramaniam. Consumer International, Regional office for Asia and the Pacific, 1997.