

The Medical Journal of Australia • MJA

MEDIA RELEASE

LEADERSHIP NEEDED RE COMPLEMENTARY MEDICINES POLICIES

EMBARGOED UNTIL 12:01am Monday 31 August 2020

ALTHOUGH about 60% of patients starting chemotherapy, and 47% of those receiving radiotherapy, also use complementary medicine, a “concerning” number of hospital cancer services do not have policies about complementary medicine practitioners or patient-initiated complementary medicine use, according to research published online today by the *Medical Journal of Australia*.

The use of complementary medicines is often not discussed with the medical team, which increases the risk of interactions and other undesirable effects, according to the researchers, led by Adjunct Associate Professor Jennifer Hunter, from the NICM Health Research Institute at Western Sydney University.

Hunter and colleagues surveyed Australian public and private hospitals with dedicated cancer services to assess various aspects of cancer service coverage, particularly complementary medicine services. One staff member from each service completed a 52-item electronic survey.

Chemotherapy was provided by 207 of the 262 participating cancer services (79%) and supportive and allied health care by 196 (75%), including 66 (25%) that provided at least one type of complementary medicine service. Palliative care was provided by 168 hospitals (64%), surgery by 143 (55%), and radiotherapy by 143 (34%).

“Ninety-three responding hospitals (36%) could not provide responses to one or more of the five policy-related survey questions,” the authors reported.

“Only 89 respondents (34%) were aware of the Council of Australian Therapeutic Advisory Groups (CATAG) position statement on complementary medicines, and only 31 of these respondents (35%) thought that their hospital policies were aligned with this statement.

“A substantial proportion of hospitals did not have policies regarding complementary medicine practitioners or patient-initiated complementary medicine use,” Hunter and colleagues found.

“Most hospitals (229, 87%) had policies for documenting complementary medicines: 76 (33%) documented all complementary medicines (including patient-initiated products) on medication charts, 88 (38%) documented only complementary medicines approved by medical staff, and 48 (21%) documented complementary medicine use only in the clinical history. The policy at 17 hospitals (6%) was that complementary medicines were never permitted, despite CATAG advice.”

After analysing the data, Hunter and colleagues found that hospitals with cancer services without complementary medicine services were significantly less likely to have policies on complementary medicine practitioners and documenting complementary medicines

“Further, only 123 services (47%) provided complementary medicine information for patients, and 23 respondents (9%) did not know whether such information was available.

“Consistent policies across Australian hospitals, and staff and patient awareness of these policies, are important because of the widespread use of complementary medicine.

Stronger leadership is needed from peak bodies, such as the Australian Commission on Safety and Quality in Health Care and CATAG, to encourage Australian cancer services and hospitals to update or review their complementary medicine policies,” they concluded.

All *MJA* media releases are open access and can be found at: <https://www.mja.com.au/journal/media>

Please remember to credit *The MJA*.

The *Medical Journal of Australia* is a publication of the Australian Medical Association.

The statements or opinions that are expressed in the MJA reflect the views of the authors and do not represent the official policy of the AMA or the MJA unless that is so stated.

CONTACTS: Natalie Connor
 Communications Strategy Manager
 NICM Health Research Institute
 Western Sydney University
 Email: N.Connor@westernsydney.edu.au
 Ph: 0417 259 054