

The Rising Popularity of Complementary Medicine: Perspectives from the Field



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Declaration

I, Sandra B. Rogers, declare that the thesis entitled “*The Rising Popularity of Complementary Medicine: Perspectives from the Field*” is no more than 60,000 words in length including quotes and exclusive of tables, figures, appendices, bibliography, references and footnotes. The thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.



Signature of author
Date: October, 2010

Acknowledgement

Making a decision to enter a study such as this was one of naivety as I was not aware of the time and dedication it would take. The journey was one that would not have been accomplished if it were not for my wonderful partner Ronny who never doubted it would be finished 'one day' and was always there to support me, providing time and space to work and a caring nudge to keep going when self doubt emerged as it did from time to time.

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As a profession we are forever in your debt.

Sandi B. Rogers

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List of Abbreviations

AE	Adverse event
AM	Alternative medicine
AMA	Australian Medical Association
ANTA	Australian Natural Therapists Association
ATMS	Australian Traditional-Medicine Society
BRW	<i>Business Review Weekly</i>
CM	Complementary medicine
CAM	Complementary alternative medicine
CHC	Commonwealth Health Council
CHC	Complementary Healthcare Council
DMH	Diploma of Medical Herbalism
EBM	Evidence-based medicine
GMSR	Government monitored self-regulation
GP	General Practitioner
JAMA	<i>Journal of the American Medical Association</i>
MBS	Medical Benefits Scheme
MJA	<i>Medical Journal of Australia</i>
N.D.	Naturopathic Diploma
NHAA	National Herbalists Association of Australia
NHC	Natural Health Care
NHMRC	National Health and Medical Research Council
NHS	National Health Scheme
NM	Natural medicine
NT	Natural therapist
OM	Orthodox medicine
QAHCS	<i>Quality in Australian Health Care Study</i>
TCM	Traditional Chinese medicine
TM	Traditional medicine
TLC	Tender loving care
WHO	World Health Organization

Abstract

Over the past three decades we have witnessed a paradigm shift in relation to the management of disease and illness. Consumers have led one of the greatest revolutions as they take a more active role with their health issues.

This study set out to examine why the shift to natural medicine has occurred during that time.

Data were gathered in interviews with fourteen participants who form the cohort. This cohort is referred to as the *collective wisdom* of the natural medicine profession and includes fourteen leaders in the field.

Except for one interview, all were conducted face- to- face. These interviews were transcribed from tape recordings. Within a grounded theory framework, field notes, documents and personal memos were analysed using NVivo 7 and a matrix display was constructed to assist thematic analysis.

Through the voice of the cohort the findings of the research reveal clear and consistent responses to the research question and offer guidance to the profession of natural medicine as it faces many challenges. Some of these challenges have been evident for thirty years, and are very familiar to those interviewed, while others are new.

Chapter one

Introduction

The title of this work, *The Rising Popularity of Complementary Medicine: Perspectives from the Field*, uses the nomenclature complementary medicine as it is the term commonly used to identify the field by academics and the medical profession. It is a term that has never been adopted by the natural medicine groups and the cohort was generally in agreement that a term and definition should be developed by the field.

The term '*natural medicine*' is used consistently throughout the thesis as that was the term preferred by the cohort.

The difference between the term used in the title of the thesis 'complementary medicine' and the use of natural medicine throughout the thesis exemplifies the ongoing confusion around nomenclature. This confusion is discussed in the thesis.

Background

The focus of this study is to give a voice to a small group of professionals who have contributed to the development of the natural therapies' profession in Australia. At the time of commencing this thesis, natural therapies were increasing in popularity and usage to a point that these professionals may have hoped for, but never anticipated.

Over my twenty-five years as a natural medicine practitioner I have found an increased use of natural medicine by the consumer and a more diverse age group being seen within my clinic. In the Education Doctorate I have pursued, several coursework subjects and in the related assessment tasks I have focused on my profession as a natural medicine practitioner and in this thesis, the focus continues. This thesis provides the opportunity to address the growth in natural medicine in Australia through the eyes of people who have been actively engaged in the profession prior to, and during, that period of growth. With participants such as these, the thesis does not attempt to present an objective stance on this growth. Rather, the perceptions and beliefs of these leading lights in natural medicine are given centre

stage. The thesis has not been crafted as an objective comparison of natural and allopathic medicine. Instead, the inevitable concerns are with natural medicine and with documenting the expert knowledge, attitudes and beliefs of the participants in the study.

There are several key issues central to the development of the natural therapies profession that both I, and those interviewed for this research, observed. We have not only observed these changes, but have contributed to and been influenced by them. These issues include nomenclature, the increased use and acceptance of natural medicine and the emergence of a profession.

Knowledge about the emergence of the profession and who played key roles is of interest to many; in particular, other professionals. This work poses a key question and offers several sub-questions to a group that I refer to as custodians of the *collective wisdom* of the natural medicine profession.

The inspiration behind this project

I started to wonder about the history of modern natural medicine and the challenges that had been faced over the years. Although I had been closely involved with the profession at all levels for some time, I did not know what opinions were held by the more experienced members of our profession. These people had played a dynamic and dominant role that spanned many decades.

I was interested in seeking the opinions of a highly experienced and knowledgeable group of people who had worked within the world of natural medicine for the past thirty to fifty years.

I often wondered why the Australian consumer had turned toward natural medicine so eagerly, and what opinions could be offered by this group who actually lived and worked at the coalface during this change.

This group could provide an understanding of the evolution of natural medicine. The thoughts expressed could act as an historical document, providing opinions drawn from their *collective wisdom*.

It was a unique opportunity to speak to this group. Too often in history the key players are deceased and opinions can only be guessed about via articles or documents. Although one member of the cohort was tragically killed shortly after the interview was conducted, his opinion and commentary is included in this document. Although natural medicine and the practitioners who apply it are accepted in this modern era, it has not always been that way. The struggle against aggressive resistance by the orthodox medical profession, academics and politicians was fought long and hard. Those who fought for our right to practise include the people who form this cohort. I wanted to ensure their voices would be heard and their contributions recorded for historical purposes. These people are unsung heroes. They have never asked for recognition or thanks. They are visionaries who altruistically contributed their time and personal finances to ensure natural medicine practitioners had the right to offer their treatments and services to the Australian consumer. Due to their participation at a political, academic and practice level their guidance is invaluable to the profession as it continues to struggle with many changes.

The decision to commence

I was introduced to the importance of recording history during a class I attended conducted by Dr David Maunders, a lecturer in the Doctoral program offered through Victoria University. At about the same time I saw a report of a National Press Club address where an academic suggested that ‘complementary medicine’ had become accepted by the Australian consumer because universities offered training in these fields, and that in itself provided credibility.

There was no mention of the contributions many people had made both personally and professionally, the fight they took on and won when attacks came from many areas. Importantly there was the political fight to ensure practitioners could continue to offer their services and not be closed down as quacks. It was the lack of acknowledgement of these people that left me with a resounding commitment to ensure their names and their opinions would be placed in a document that would provide an acknowledgement of their commitment and contribution to the natural medicine profession.

Choosing the cohort

Drawing from my experience in various levels of the profession, I gathered a list of names of those who were major contributors to the emergence of the profession. Some constantly appeared where a political challenge was faced, a media struggle was occurring or at the association level where rules and regulations were being written for the profession. The requirements for participants were that they had:

- been actively involved in natural medicine for a minimum of ten years and up to fifty years as this time line spanned the era of my interest
- played a major role within the profession, and
- continued to play an active role at the time of conducting the interviews.

My awareness of their leadership in and length of involvement in natural medicine determined my selection.

Once the list was finished I realised that many were people I held in very high regard. I was able to approach each of the members on the list and from that point the project was underway. The next step was to think about the questions I wanted to raise with the cohort. I was mindful there were many changes taking place within the profession. I wanted to use this opportunity to ascertain what their opinions were in relation to the increased use of natural medicine as well as canvass their thoughts in relation to current matters affecting our profession. These included appropriate nomenclature as well as their opinions on issues of statutory registration and government - monitored self- regulation as alternative options and also what their views were pertaining to the future of natural medicine and the role of commercialisation of product. I felt that being able to collect the opinions of such a learned group of professionals was a golden opportunity that would be of benefit to the entire profession.

The group

When approached all were willing to participate in this project. Although they were busy people, time was made to conduct the interviews and at no time did I feel rushed, in fact the opposite occurred.

Every participant was open and relaxed and at no time had any difficulty in responding. Opinions were expressed openly and often with an underlying passion.

Many times throughout the interviews I was fascinated at the similarity of responses emerging. Some opinions were so alike I confirmed that the group had not had recent meetings.

One item of note I discovered was the role that a single person had played in so many of the others' lives. This person emerged as a primary educator or employer of most of the cohort, but there was no way of knowing this prior to commencing the interviews. This person was mentioned repeatedly as being a primary motivating factor within many lives. The major role of this person was in the field of education, which supports the concept that education is the foundation of all professions. Applebaum and Lawton (1990, p. 4) recommend that every profession should have a well- defined training period and that a professional person should be required to take specified courses and pass exams. They conclude that the professional can only adopt a professional role after being educated in this way. They further define a profession as a 'group of people organised to serve a body of knowledge in the interests of society'. The foundation of a profession as detailed by Applebaum and Lawton includes a set of professional skills, proficiencies, techniques and competencies.

Through the role this one person played emerged a dynamic and vibrant group who ended up taking key positions within the emerging profession of natural medicine.

The research question

The research question: *'The Rising Popularity of Complementary Medicine: Perspectives from the Field'* opened the way for exploration of a range of sub-questions covering nomenclature, registration and the future of natural medicine. The questionnaire based on the key question; *why has there been an increased use of natural therapies since the 1970's: perspectives from the field* was developed to seek the opinion of our present day history makers; the cohort had seen many changes, faced opposition and won a place for natural medicine practitioners to offer their services to the community. They gained experience as they fought negative publicity from powerful players such as the orthodox medical profession and other sections of the community in the 1970s and 1980s.

The group's diversity adds credibility to their shared opinions. All participants played a complex role and faced politicians, academics and the corporate sector to help fight for the rights of each and every natural medicine practitioner to practise and for the right of Australians to choose their healthcare options. Each individual contributed to this goal and at the time of writing this thesis the world of natural medicine is a far more acceptable profession due in part to the work each of these individuals has contributed; personally, financially and professionally.

The significance of the study

This study is significant because it:

- contributes to the development of the emerging history
- offers the opinions of people who have contributed to the development and subsequent acceptance of natural medicine to a level that is unprecedented in modern times
- informs the profession about matters that arose from the past and may help guide our future
- contributes to the literature that supports modern natural medicine and offers insight into the opinions and *collective wisdom* of the group
- contributes to the discussions relevant to this modern era as associations grapple with the need to formalise and seek government acceptance.

The background of the study

The world is seeing natural medicine used more and more. Reflective of many later writers (Canaway, 2009; MacLennan, Myers and Taylor ,2006) Komesaroff (1998) commented 'Consumers are increasingly seeking the services of complementary and alternative medicine (CAM) practitioners and therapies' while Ernst (1998) concluded that complementary/alternative medicine (CAM)was used by 25-50% of the general population of industrialised nations. MacLennan et al. (2006) reported that 50% of the population used at least one complementary medicine in 2004.

ABS 1996 to 2006 Census of Population and Housing figures show an 80% increase in complementary health therapists between these years. The increased use in Australia is documented most recently in the foreword (np) to the Access Economics report (2010), commissioned by the National Institutes of Complementary Medicine

(NICM) noted that Australians are spending over \$3.5 billion each year on complementary medicine and therapies. In their extrapolation across the whole workforce in Australia from figures for clinical experience, client loads and incomes of naturopaths and Western herbal medicine practitioners, Lin et al. (2009) conclude that the 2003 figures represent 1.9million consultations per annum and a total consultation fees turnover of \$85 million.

There are many reasons for the increase and the questions posed within the thesis address why this is so. The acceptance of natural medicine brings with it many problems, particularly where the profession finds itself locked into conflict. Such conflict includes diverse opinions around statutory registration outlined by Canaway (2006, 2009). In her 2006 article Canaway crystallises sources of conflict thus; ‘While it offers benefits for practitioners, there are enough limitations, particularly relating to freedom of practice, to stir disagreement among practitioners and between professional associations representing practitioners’ (p6).

Canaway describes this same situation in her 2009 article, ‘A Culture of Dissent: Australian Naturopaths’ Perspectives on Practitioner Regulation’. Conflicts between practitioners in the natural medicine field are not new and have been outlined graphically in texts such ‘Enemies Within and Without: Educating Chiropractors, Osteopaths and Traditional Acupuncturists’. Written by Arthur O’Neill in 1995, the book outlines the establishment of independent colleges and of the subsequent movement of education and training in natural medicine into universities and the conflict continuing between practitioners from the different colleges which prevailed even as they faced strong critique from their new and suspicious university colleagues.

Some associations are staunchly focused on statutory registration while others are totally opposed to this form of recognition and wish to develop a government-monitored self-regulation model or more aptly named co-regulation. This is an ongoing process with which as President of the Australian Traditional Medicine Society I am heavily involved. Minutes from meetings over the last six months canvas these matters and is later referred to.

Some associations are in favour of developing an umbrella group to provide a single voice to government. Others are opposed, feeling they may lose their identity in the process.

These issues could be seen as the primary divisions within the profession. They are not new and have been unresolved for more than two decades. Asking a key group of participants, with many years experience, their opinions has uncovered valuable advice to assist in resolving, or at least clarifying, these conflicts as offered in this thesis.

The old saying ‘there is nothing new under the sun’ rings true. A study of the brief history of our profession shows that the natural medicine group has grappled with the same questions for many years. Time is running out as natural medicine gains greater acceptance and accordingly more pressure from regulatory agencies for it to become formalised through government recognition.

Currently, many groups are calling for a more formalised model for the profession to work within; however this one vital point is the stumbling block in many debates. The cohort offers sound and clear advice on this issue. If heeded by the profession, their opinions could move the profession forward in a timely and smooth manner. The profession could benefit from their wisdom.

These are key points that are addressed in this work; some that are key issues while others are points that address the basic research question. These points are nomenclature, the divisions within the profession, and threats to the profession, and why there is increased natural medicine therapies use and the mentor role of natural medicine practitioners.

Nomenclature

What to name and identify a group is a confronting and confusing subject, particularly when the group has difficulty identifying itself. Throughout this document respondents used many names to identify their world of natural medicine. These names include:

Complementary Alternative Medicine (CAM)

Complementary Medicine (CM)

Alternative Medicine (AM)

Traditional Medicine (TM)

Natural Medicine (NM)

Prior to the emergence of the very structured and focused group, the ‘medical profession’, natural medicine was the primary medicine. Science emerged and pharmacology linked with the modern scientific medicine and a new paradigm was born, led predominantly by the work of Osler. In 1888 William Osler wrote the first structured curriculum where parts of the body were segregated and the reductionist paradigm became the norm. Systems were studied and the whole person was lost. Osler wrote *The principles and practice of medicine*, first published in 1892, as the formal text at John Hopkins University Medical School where doctors were trained in clinical studies.

Britain offered the National Health Scheme (NHS) from early in the twentieth century which had the effect of moving the orthodox medicine away from the natural medicine that previously existed. The NHS offered a government subsidised service. For a time the consumer did move toward orthodox medicine, however, after only a few years the consumer started to integrate both forms of medicine and this has continued. Many examples can be cited where the medicines used by doctors were extremely dangerous causing death and horrendous side effects. Ellis (2008) suggests that treatment of illness by doctors is the fourth commonest cause of death in western society. This followed Starfield’s article in the Journal of the American Medical Association which revealed doctors were the third leading cause of death in the United States, responsible for the deaths of 250,000 people each year. Referring to their review of coroners’ records and others sources such as media reports and complaints to professional associations, Lin et al. (2009) indicate that in Australia complaints brought by patients to natural medicine professional associations are more likely to stem from communication problems and professional conduct than from concerns about medical treatment.

Groups formed and developed their own identity

In Australia there are approximately ninety groups representing natural medicine practitioners with membership ranging from twenty (e.g. International Catholic Association of Natural Therapists) to twelve thousand (Australian Traditional Medicine Society). The oldest group is the National Herbalists Association of Australia (NHAA).

Associations tend to focus on a specialty such as massage, aromatherapy, herbal medicine or homoeopathy, while only a few are representative of all the modalities. The formation of these groups as documented by O'Neill (1995), Canaway (2006) and others has tended to set up a mindset where they were quite parochial and not interested in working together for the greater good of the natural medicine profession.

In the early 1980s one association, *the Australian Natural Therapists' Association (ANTA)* started to engage in discussion with state and federal politicians to become statutory registered and this forged a wedge between that association and another which was against this type of registration. The conflict deepened the rift between these two associations and other small associations formed sides, for and against statutory registration. This dilemma confronts the profession today. However, this topic is coming to a head and will be settled over the next few years. An Inter-Association Regulatory Forum has been established and has reached agreement around a co-regulatory model (minuted motion, 4th July, 2010).

The issues that divide the groups include statutory registration versus government-monitored self-regulation and the formation of a single desk operation where all associations come together to discuss pertinent issues that affect the profession at large.

Despite several difficulties the profession has come together more often when under threat

Events have taken place where the natural medicine profession has been threatened in the past. One example is the introduction of the Therapeutic Goods Act 1989. The profession was under pressure and most groups joined forces to fight the proposed

changes that would have made a significant impact on the profession. There are many other examples that demonstrate an alliance formed where a threat is in the air, however, once the threat passes the alliance disintegrates. An alliance formed around the Pan Pharmaceuticals/ TGA matter where the profession came together as a united front due to the challenge it faced.

The Amendment to the Therapeutic Goods Act 1989 states,

'The Therapeutic Goods Amendment Act (No. 1) 2003 received royal assent on 27 May 2003. The purpose of these amendments to the Therapeutic Goods Act 1989 (the Act) is to tighten the existing requirements placed on manufacturers and sponsors of therapeutic goods to further ensure the quality, safety and efficacy of therapeutic goods that are supplied in Australia or exported from Australia.

The need for these amendments arises from the recent failure of the manufacturer, Pan Pharmaceuticals Limited, to meet the requirements of good manufacturing practice, and the difficulties encountered in quickly identifying affected therapeutic goods for the purposes of recall.

That case has highlighted the need to more clearly define the responsibilities and obligations of both sponsors and manufacturers of therapeutic goods, and the need for such persons to be held more accountable for their statutory responsibilities and obligations'.

This statement identifies several of the concerns which are frequently cited in relation to natural medicine and which continue to be discussed widely and which will be addressed throughout this thesis.

Increased use

Over the years natural medicine has grown to be very popular and now we see pharmacists, doctors and academics entering the field (Baer, 2006). In their 2009 article, Lin et al (2009) state that acupuncture and massage are now used so widely by GPs that they can be referred to as mainstream. In contrast, under 5% of the surveyed GPs reported they had or had considered practising herbal medicine or naturopathic treatments. Dr Ian Gawler (1997), originally a veterinarian diagnosed with cancer has developed considerable credibility through his wellness programs, drawing on the meditation principles established primarily by Ainslie Meares (1978). Medical doctors such as Dr George Jelinek (2005), work closely with the Gawler Institute, emphasising the importance of vitamin supplements, a plant based, wholegrain with seafood diet, exercise, meditation in controlling diseases such as multiple sclerosis. Jelinek's book, *Taking Control of Multiple Sclerosis* (2005) draws on early findings

of Dr Roy L Swank, (1972), who first tested the dietary principles outlined in Jelinek's book.

It was only a decade ago that universities would not entertain any form of natural medicine study as it was seen to border on quackery. Even so, universities in Australia have tended to have a fragile relationship with natural medicine programs. This has been the pattern as University of Western Sydney, Charles Sturt University, Victoria University and Southern Cross University entered training programs in natural medicine subjects. Reasons for this remain unclear. Universities have been under considerable financial stress in recent years and in constant states of restructure and course profile redefinition. This framework, the required academic profile may not exist with natural medicine practitioners new to universities as Lin et al. (2009), reported 'Our survey revealed that teaching is primarily undertaken by sessional staff that make up 89% of the reported academic workforce. Of a total of 821 reported academic staff, only eight (all from universities) had published papers in peer-reviewed journals during the period 1999-2003'.

It has been primarily the consumer who has led the paradigm shift where many now consider the use of natural medicine as a sensible alternative to pharmaceutical drug use and or a way to maintain wellbeing and prevent many common diseases and illnesses. In a Roy Morgan Research survey (2008) it was concluded in a study of 867 people aged 14+ that 75% had consumed a vitamin, mineral, herbal, nutritional or combination supplement in the last twelve months; that 75% rated the effectiveness of supplements in maintaining or restoring health as fairly to be effective; that consumption of nutritional supplements has risen significantly from 28% in 2004 to 42% in 2008; that vitamin and mineral consumption remains popular with 63% of those surveyed taking these types of supplements; that overall supplement consumption is consistently high amongst all age groups (14-55 and over); that the majority of respondents indicated that they would try natural products before considering conventional medicines with a higher proportion of those being women and that most respondents consider there is sufficient information on product labels in order to make an informed decision and believe they read labels carefully.

The recent Access Economics Report (2010) goes further in acknowledging the cost effectiveness of natural medicine treatments and in doing so confirms the scientific efficacy of several natural medicine products and practices. The cost effectiveness was investigated of acupuncture used for chronic lower back pain, of St John's wort used for mild to moderate depression, of fish oils in prevention of heart disease and in treatment of rheumatoid arthritis and of Phytodolor for osteoarthritis. Results were positive for acupuncture and for St John's wort, for fish oils with prevention of heart disease and for the use of Phytodolor for osteoarthritis.

The popular media and academic literature abounds with references to natural medicine. Television, commodity products, women's magazines are but a few examples where all things natural are seen to be quite normal and in many cases offered as valuable options to consider in seeking to acquire or maintain wellbeing. Day spas are seen everywhere now where wellbeing and 'natural products' are supported by a wide cross-section of the community. The word 'natural' is a seller for all types of products ranging from shampoos to foods. It is over-used and abused, yet it sells. Google searches (October 2010) reveal 112,000 results for Day Spas: Melbourne, 288,000 for Natural Shampoos and 32,700,000 for Natural Foods.

The term natural medicine no longer carries with it the undertones of quackery. Rather it signifies safe and effective treatments where people feel cared for. Consumers are moving to natural medicine practitioners in large numbers and one very important point is that they are spending their own money to do this. There is no drain on the government health budget. The question is posed 'Why do Australians spend their own money to go to natural medicine practitioners?' This work takes the opportunity to ask people who have been key players in the field for a minimum of ten years to offer their opinions with an average of twenty five years.

Reasons for increased use

From my own observations from the time I graduated and started to practise, clients presented who had run the gamut of conventional medicine and felt they had no alternative but to try natural medicine. Often I would hear clients say 'You are my last hope as the doctor cannot help me'. I gathered data from clients as I asked them why they chose to make an appointment at my clinic. A common response from clients

was to refer to the time taken by natural medicine practitioners to listen or that a referring friend, family member or work colleague had told them about natural medicine. Just to be heard brought them back and word-of-mouth recommendations were offered. I have never advertised my services and all clients are recommendations.

I noticed a major consumer acceptance once pharmacies placed natural medicines on their shelves. Clients would say that doctors were not accepting of natural medicines but as the pharmacist stocked natural medicines 'they must be alright if they were not then the very trusted profession of pharmacy would not stock them'. I have heard these comments many times in my practice and during my public speaking career.

Word-of-mouth

Generally many practices were established due to the successful outcomes and happy clients recommending the practitioner to family and friends. When adverse publicity was seen on national television and endorsed by doctors many consumers seemed not to take notice. In fact, clients would tell the practitioner about it and would often make a joke of it. It seemed nothing would sway the consumer away from their natural medicine practitioner. I offer these informal comments as the researcher and from my capacity as national president of a natural medicine association.

The natural medicine practitioner has become the family mentor like the doctor of yesteryear

The doctor of the 1940s to 1970s would often work from home or in a small office and be seen as the family mentor. Time was taken to engage with patients and assess what was going on in their lives. The family doctor would do a basic check-up and ask about life matters, taking time to assess each patient.

The corporatisation of medicine has seen the demise of the family doctor, making way for the modern natural medicine practitioner to fill this role, (Crellin and Ania, 2002, Sherwood, 2005).

Private health funds respond

Private health funds were initially *loath* to consider the inclusion of natural medicine into their suite of services for rebate. During my role as state representative and then national president of the Australian Traditional-Medicine Society many meetings were conducted with all the health funds around Australia. It was not until the consumer joined in the requests and placed significant pressure on the funds themselves that most of the health funds started to place limited services on their books. Once the funds offered rebates in the 1980's for natural medicine services to their members, natural medicine practitioners gained a more credible standing within the market place. This was documented on page 2 of the Autumn 1986 Newsletter of the Australian Traditional Medicine Society.

This acceptance could be seen as a building block to further consolidate the position of the natural medicine practitioner as being a credible practitioner within the healthcare system.

The scope of the study

The scope of the study combines the collective commentary of the cohort: all of the members played a major role in guiding natural medicine through the tempestuous waters of change commencing in the 1970s and continuing today.

The comments provided by the participants have been analysed and segmented into chapters. Sorting their opinions into a collection of relevant sections provides a guide to the modern day practitioner who may be interested to know the opinions of such an experienced group.

Conclusion

This chapter offers an introduction to my role in the profession of natural medicine and outlines why I ventured into the project and when I made the decision to start it. There is also information on the selection of group members.

The responses they made to my request are detailed, followed by the research questions, the significance of the study and the background of the study. Key issues that emerged are addressed.

Chapter two introduces the cohort via portraits and offers an overview of the cohort. All members of the group were willing to have their names included in the document and did not require the anonymity that is often preferred by ethics committees. These portraits confirm the valuable resource this document offers due to the high profile of each of the participants within the natural medicine profession spanning ten to fifty years.

While their names are included in this chapter, responses are not linked in subsequent chapters to individual participants.

Chapter three offers a review of the literature relevant to the specific research questions within the context of natural medicine.

Chapter four discusses the qualitative methodology which was used in this thesis and includes the methods and steps used to collect the data as well as discussion of the way in which grounded theory is drawn on in analysis and interpretation of the collected data.

Chapter five covers the increased use of natural medicine as perceived by the participants incorporating the era of the 1970s through to the twenty-first century.

Chapter six addresses the issue of nomenclature.

Chapter seven addresses the impact of commercialisation on natural medicine practices and product.

Chapter eight addresses questions of statutory registration and the alternate government-monitored self-registration approach.

Chapter nine looks to the future for the natural medicine profession and asks the group what their vision is as they reflect on the past and ponder on the future.

Chapter ten is the concluding chapter where I offer my opinions on several subjects that make up this thesis

Chapter two

History makers and visionaries of the natural medicine profession — their portraits

Introduction

This chapter provides an introduction to each of the participants in the project, each of whom I invited to participate because they fulfilled certain criteria. The criteria were that they should be practitioners (current or past) in some form of natural therapy and that in addition, they had been active in building natural therapies as a professional field of practice. As such, they were chosen because of their unique experiences and qualities, their extensive experience and involvement in the field of natural medicine and their contribution to the development, acceptance and subsequent growth of natural therapies. My selection of participants was an example of ‘purposive sampling’ (Neuman, 1994). Drawing from my own involvement in the field for over two decades, I wanted to seek the wise counsel of those whom I consider to be pioneers and veterans in the field of natural medicine and to document their experiences and opinions.

The fourteen people, comprising eight male and six females with an age range between approximately 45 to 80 years I introduce below, continues to contribute to the development of the profession. Their individual and *collective wisdom* is the basis for my analysis of, and reflection upon, some of the big questions now facing natural therapies as both a field of practice and a distinct profession. The brief commentary offered for each participant does not reflect the powerful and dynamic role each has played in the acceptance of, and increased usage by, the consumer of natural therapies. Each would warrant an entire book to fully describe their contribution. Within the profession, every practitioner should be eternally grateful to them; they are unsung heroes.

Methodologically, my choice of participants reflected ‘standpoint epistemology’ as theorised by Harding (1993). It is from their standpoint on the questions posed that guidance may be offered to the natural medicine profession.

It is common practice to keep the names of informants and participants in academic research anonymous. In this chapter I have chosen, with the written consent of all of the participants, to name them. This is partly because their names and credentials provide credibility to their responses and partly because I want to acknowledge their personal achievements and celebrate their contributions.

In this sense, chapter two offers a brief oral history of some of the key players and how they were drawn to natural medicine as a profession and a calling. Maunders (2002, p.124-5) referring to Carr (1964, pp.155) offered in lectures where I was stimulated to plan this project suggests 'history in its essence is change'. The many changes that have taken place in natural medicine, unprecedented in history, makes this work one which may be of historical interest in the future. Maunders (p. 125) adds 'it can be argued that much can be learned from previous eras of change'. The group featured in these portraits offers profound learning and guidance. Their contributions to the profession are depicted in a chart offered at the conclusion of this chapter.

Dorothy Hall

My thoughts

As Dorothy was talking and reflecting I could not help but think about her role as a visionary and what she felt about the major advances in natural therapies that had occurred since she had the idea to form an association that would recognise all participants in the field.

Her flair was still there and her passion was evident. Gee she still has a lot of fire in her ... What an advocate for the profession! Link to Peter D as educator — I did not know that.

The journey commences

Dorothy feels she has ‘always been there’. Her grandfather worked at the Royal Botanical Gardens in New South Wales where as a Fellow of the Royal Society he identified two new species. Dorothy followed in his footsteps as her love of plants developed. She travelled with him as a child and he taught her how to look after plants. One of her earliest memories was transplanting earthworms in a little red and green barrow from one part of the garden to another to help plants not doing well. Dorothy’s grandmother grew fresh fruit and vegetables and Dorothy thought that ‘everyone lived this way’. Her grandmother would pick plants and make ointment. This was how she was introduced to the world of herbal medicine. She learned from her grandmother how to make her own herbal preparations.

Vocation begins

A college owner was the first to employ her as a teacher of herbal medicine and iridology. She had no formal qualifications, as these were not the norm. Dorothy said ‘most of the teachers were people just like me who have been doing this as a family thing. You had your parents/ grandparents ‘information’. Dorothy drew on the information she had from her grandmother’s notebooks and these formed her lecture notes.

Key role: Educator

Over the years, Dorothy Hall came to be regarded as the matriarch of herbal medicine in Australia. As the education of natural medicine therapists became more and more popular, Dorothy was a chief instigator in the development of a formal association to recognise the graduates of the training programs. These programs ranged from Naturopathy and Herbal Medicine to shorter general interest courses. The era was the late 1970s and the courses were offered in New South Wales, Victoria and Queensland.

This was the era (1970s) in which empirical information about natural therapies was beginning to enter into the curriculum of private colleges. A new generation of natural therapists came into being: students who had been drawn into the world of natural therapies through private colleges were graduating as practitioners and setting up private clinics across the country.

Dorothy Hall's early natural therapy curricula were shaped by grassroots information supplied from her grandmother's notebooks, added to through her personal experience with the use of herbs in her day-to-day life.

Dorothy was a visionary as she saw the need to formalise the recognition of graduates through the training programs that were being offered. Dorothy was instrumental in the formation of the Australian Traditional-Medicine Society (ATMS), now the largest natural therapies organisation in the southern hemisphere.

The ATMS was born in June 1984. Through this association Dorothy represented natural therapists and was instrumental in fighting the many battles during the 1970s and early 1980s. These battles covered confrontations with government and the medical profession. Dorothy is noted for the saying 'I always had to have my hand on my sword each and every day as the opposition to us was very fierce'. She is an acclaimed author and has now retired.

Rodney Brennan

My thoughts

I am in the school [Nature Care] and Rod was very busy but settled into the interview and seemed to enjoy a trip down memory lane. He seemed to be very happy and reflected back on his life and noted that the decision he made to move into natural medicine was the right one.

The journey commences

Graduating with a Degree in Geology from the University of Melbourne in 1969, Rodney could not gain employment in this field. He stated ‘I somewhat reluctantly delivered vitamins out of the boot of the family car as an employment situation for Blackmores ... in Victoria’.

It was through this employment that Rodney became ‘interested and impressed with the standard of some of the people that seemed to be fervently supportive of natural therapies’.

The passion fires

Rodney said that at first he was a cynic. He was ‘quite sceptical and I remained sceptical for some time, even though I hesitate to use the word ...’. He admitted that ‘just for fun, I thought I would start studying it [natural therapies] at the Southern School in Melbourne’. This study was part-time and commenced in 1973. Blackmores was very supportive of Rodney throughout his study.

Vocation begins

After six years he graduated as an Osteopath and Naturopath. He became a member of the Board of Governors at the Southern School and remained in that position for eight years.

Key role: Educator

Rodney said that ‘it was this involvement that activated an ongoing interest in education and complementary medicine’. In 1993 Rodney purchased Nature Care College in Sydney and joined the Board of Directors of the ATMS. He was elected as Vice President of the ATMS in 2000. Rodney was very active on the Board and his

key contribution was a focus on the political arena as it affected the profession. He keenly participated on many committees and assisted in moving the profession forward. Sadly, Rodney was killed in a motor car accident at the time of writing this thesis.

Marcus Blackmore

My thoughts

It was interesting that his staff asked him about breakfast and the toast and vegemite arrived which provided an informal atmosphere to conduct the interview ... Marcus was flying to Melbourne and was expected to do some activities with the Young Endeavour group. I felt very fortunate to have him take this meeting and be so generous with his time ... He was very relaxed and eager to help with any document that may help me. Marcus is linked to Peter D as educator.

The journey commences

Marcus related that he has been involved in natural therapies all his life, as his father Maurice Blackmore was Australia's pioneering naturopath.

The Blackmores' empire began in the family garage at Roachdale, New South Wales. Marcus commented 'on weekends the area was converted into a printing shop where materials pertaining to natural therapies would be printed'.

The passion fires

With this influence virtually from birth, Marcus trained as a naturopath with Peter Derig. Marcus did not practise as he felt he 'was not a healer' and that he was 'more interested in the business side of things'. Marcus felt it was worthwhile to focus on the business aspect of natural therapies rather than acting as a practitioner and that he could make a greater contribution to the world of natural therapies by following this path.

Vocation begins

Marcus commented that he went out on his own 'to prove to my father that I could do it', but I returned to the business although '... he actually sacked me three times'.

Although Maurice Blackmore and Marcus were in some conflict their shared passion for natural medicine as a profession never waned. Marcus knew he had a lot to offer and was positive that his contribution would be more in the corporate and manufacturing world.

Key role: Business entrepreneur

Maurice Blackmore had created a thriving business and Marcus Blackmore applied his particular expertise, helping to turn Blackmores into what it is today, a powerful and very successful business.

The era was one of major transition but very few people grasped the business side of natural therapies. Marcus was, and remains, a visionary in this field. The following media release that he shared with me exemplifies this ...

‘Blackmores’ executive chairman recognised for contribution to natural and complementary industry research and education’

Marcus Blackmore AM, executive chairman of Blackmores, has received an Honorary Doctorate from Southern Cross University acknowledging his distinguished career in the natural and complementary medicine industry and his commitment to education.

‘Mr Blackmore is considered to be the founding father of the consumer industry in complementary medicines and remains the industry’s elder statesman,’ said Vice-Chancellor Professor Paul Clark. ‘He is committed to education and academic achievement, and has been a staunch advocate of the University’s research in the field of complementary medicine’.

Professor Clark said Blackmores was the first Australian company to support research in complementary medicine and one of the few companies with a dedicated budget and long-term commitment to research in this field.

In 1974 Mr Blackmore took over the leadership of Blackmores, which was founded by his father Maurice Blackmore. Under his leadership, the company has become the leading Australian consumer brand in the field and a recognised champion for the industry at large.

Mr Blackmore founded the Complementary Healthcare Council and has been a constant advocate for the industry, placing a strong emphasis on professionalism, research, education and academic achievement.

Wendy McMahon

My thoughts

I thought it interesting the link to unions and health yet illness brought her to the profession ... Very passionate about her role and excited to talk about each section.

The journey begins

Wendy comes from a local government and union background and was familiar with the politics that manifest within various industry structures.

Wendy became involved in natural therapies when she experienced failing health. This was 1980. Wendy met Sandra Russo, who had recently graduated as a naturopath and homoeopath. Wendy stated that Sandra:

gave me some hope and suggested some very useful dietary tips ... I then watched a young man die after a dozen surgical operations. It was on his penis and he was very, very young. It was striking to watch the medical profession go through dealing with the ill effects of surgery, the ill effects of drugs and seeing the absolute bankrupting and irresponsible approach of what was happening.

At that point Wendy sought out the services of Sandra Russo again because her own health continued to be poor.

The passion fires

Through this help Wendy became more and more interested in natural therapies. She also consulted another leading practitioner, Marnie Morrow. She recalls Marnie saying to her that ‘all the answers are out there, you just had to go out and find them’. As Wendy’s health recovered she was more than impressed with the treatment she had received. Wendy commented ‘evidence dispels disbelief’. Wendy became interested to the point that she started looking around for colleges that taught natural therapies in order to become a practitioner herself, but she found that ‘there weren’t any’. She said it was ‘just a matter of harassing Sandra Russo to start a college and teach these subjects’.

Vocation begins

Wendy graduated as a homoeopath in 1996, although her interest and involvement commenced in the early 1980s. Wendy travelled to China in 1984, which also contributed to her interest in the subject.

Key role: Educator and practitioner

Wendy started to play an active role in the Adelaide Training College of Complementary Medicine that had been formed by Sandra Russo. Wendy became a practitioner and part owner of the College. Her background with local government and unions has been very useful in her new career as she frequently needs to negotiate with government about training issues.

The era that Wendy became interested in natural therapies was one of dramatic change in the community. Wendy commented ‘I think we started to enter some sort of group consciousness...that there was a greater focus on health and nutrition ... following the advent of the excitement around antibiotics, we probably entered the period where you could see the down side [of them]: they were not that effective and a resistance had built up ... so a lack of credibility in the disease model emerged’. The era was also one where Chinese medicine was established with a lot of support from the Government under Prime Minister Paul Keating federally and Premier Jeff Kennett in Victoria.

Sandra Russo

My thoughts

Education and more education with a love for homoeopathy ... it was evident from the beginning that Sandra loves education and teaching her students... she was vibrant and open.

The journey begins

Sandra first became interested in natural therapies around 1980. She had moved to Melbourne and found herself at a lecture given by Judy Jakka on Vibrational Medicine. In addition to this exposure Sandra came across an article on minerals and vitamins and their impact on health and how many conditions could be treated with them. Sandra stated 'I just got straight into it ... I found it all very fascinating and that is where my interest began'.

The passion fires

Sandra and several friends were interested in natural therapies and collectively they sought out a training program to expand their knowledge. Although training colleges were rare in those days they found a course that suited them and they commenced training through evening classes. Many topics were covered but it was not until the subject of homoeopathy came up that Sandra found herself really excited. She said, 'it was brilliant'. Sandra had intended studying psychology; however homoeopathy offered her everything she needed. 'It became a focus for me and you actually worked with clients with an intent'. As a student Sandra worked closely with one of her lecturers and helped with the development of further curricula and the formation of the journal for the Australian Homoeopathic Association. Sandra stated 'so to me I was very privileged to be a student and working with her [the lecturer] with the writing and the designing of a three year post graduate homoeopathy course ... together we went through a lot of books and a lot of information'.

Vocation begins

Sandra became more involved with the Australian Homoeopathic Association. She stated 'there were a few of us, three or four from the beginning ... one from each state and it grew from there ... I was editor, a role I maintained for a good number of years,

I was on one committee for about fifteen years, then I became the State President and then the National President’.

Key role: Educator, practitioner, political activist

In 1992 Sandra opened the Adelaide Training College of Complementary Medicine with her husband. They offered a single training program in homoeopathy to see if it would work. Since then the College has grown and offers a broad range of subjects.

The era when Sandra found herself entering the world of natural therapies was one where she states ‘the educational standards were appalling’. Since that time the concept of competencies has entered the field of natural therapies education and her college has expanded over the years.

Sandra continued to contribute to the profession through her many involvements ranging from college owner, director on several boards and as a political activist up to her untimely death in 2010.

Denis Stewart

My thoughts

I have had a close relationship with Denis over many years and it was an honour and a privilege to have him share so much with me and over such an extended period of time. This is the only phone interview and I taped it with a special recorder which worked well but I would have preferred to meet with him in person but this was not possible due to time factors. His own illness brought Denis to the world of natural medicine and is another person linked to Peter Derig.

The journey commences

Denis said he had ‘an innate interest in alternatives, whether they were political, conservative, social’. He then took an interest ‘in the whole concept of other approaches to health, outside of mainstream’.

The passion fires

Denis became involved in natural therapies when he experienced a health crisis ‘in response to my own health care dilemma’. Through treatments to rectify the health problem Denis trained in acupuncture, naturopathy and herbal medicine and is considered today to be the patriarch of modern herbal medicine in Australia. Barbara Beechers, a well-respected author of herbal medicine texts, has referred to Denis as the ‘Godfather’ of Australian Herbal Medicine.

Vocation begins

After purchasing an acupuncture clinic some thirty years ago in Gosford, Denis moved into herbal medicine and over the years the practice has evolved into an herbal medicine centre exclusively. Denis has maintained several busy herbal medicine centres on the central coast of NSW and for over thirty years has established himself as a well respected author, educator, practitioner and activist within the field of natural therapies.

Key role: Educator, practitioner, media commentator, director on board

He opened the Southern Cross Herbal School in the early 1980s and has been one of the primary educators of herbalists in Australia. Denis continues to contribute to his

profession as he still has the desire to see 'herbal medicine as a credible, viable and sustainable modality worth being included in a modern, western health care system'. The era was one of change and excitement for Denis. He states 'it was an exciting time, an interesting time in Sydney because there were so many things happening ... the counter culture was at its climax ... a lot of counter cultural alternative politics; the Vietnam War had just about ended so there was a fairly radical social and political climate. The majority of change was taking place in New South Wales and the other states followed suit'.

Marie Fawcett

My thoughts

Marie thought she did not have that much to offer but she has played such a role and been responsible for many changes within the profession. She was very respectful of her position and love of the members within the organisation in which she worked. In her mind practitioners were the backbone of the profession and she always concentrated on how to help them. Through education Marie was linked to Dorothy Hall.

The journey commences

Marie first became involved in natural therapies in the early 1980s. There had been several deaths in her family due to cancer and Marie thought, 'there has to be a better way'.

At this time Marie had left a job where she had been employed for 11 ½ years to look after a friend who had been diagnosed with liver cancer. The friend was undertaking a particular system which required her to follow a treatment that needed assistance.

Marie volunteered to help which required her to leave her work. Marie said

I had the urge to help and with the deaths in my family, I wanted to help her because she was kind, and trying something different and she had such vitality for life ... I looked after her and although she eventually died about a year later, she died a very peaceful death because she had not been on any drugs for 12 months ... she was so interested in natural therapies and because we spent so much time together she introduced me to aspects of natural therapies.

From this experience Marie started to investigate natural therapies. She focused on the colleges in New South Wales and through this she came across a book written by Dorothy Hall that stimulated an interest in herbal medicine. Marie enrolled with Dorothy Hall and commenced her studies with Dorothy Hall's College.

The passion fires

From this point Marie worked alongside Dorothy Hall when the Australian Traditional-Medicine Society was formed and Marie has played a pivotal role in

natural therapies as she took on the position of Company Secretary within the society. Her position was quite eclectic as she sat on many committees and has been privy to the most intimate history of the natural therapies profession in Australia. Her knowledge is very extensive and covers many years and she has witnessed firsthand the dynamics of the profession as it has evolved.

Key role: Company secretary, lynchpin on many committees

The era was one of profound change for Marie as she moved into natural therapies — not as a practitioner as she initially intended — but as Company secretary of what is today the largest natural therapies organisation in Australia, boasting in excess of 11 000 members.

The knowledge that Marie has at her fingertips in relation to the history of natural therapies in Australia commencing in the early 1980s is second to none as she participated first-hand in most, if not all, of the meetings that took place which saw the profession evolve and grow.

Peter Sherwood

My thoughts

Destiny is what I thought. It was his destiny to do what he had done, achieve what he had achieved. He was powerful, direct and knowledgeable with clear directions. He understood the power of politics. Very generous in sharing time and offered me help and guidance if I needed it. A busy man. Another link to Peter Derig.

The journey commences

Peter's earliest memories in relation to natural therapies stem back to the 1940s. He stated that 'my working-class mother would soothingly hug, kiss, touch, stroke, massage, rub, blow, reassure, encourage and love my pains and fears away'.

During the 1950s Peter played junior football and observed first-hand formal massage being conducted in this setting. Having received massage, Peter noted the effectiveness of this treatment to treat the injuries received during football and how effective it was in preparing the body for the 'rigours of the football game'. During the 1960s Peter began helping the masseurs and was 'delighted' with the feedback from the players. Peter became an avid reader on healing and commenced a private massage practice.

The passion fires

Peter found his interest in natural medicine grew and in 1967-8 he visited China and observed the application of Chinese medicine in university hospitals, clinics and in a commune. Peter witnessed first-hand the application of Chinese medicine when he lived with a family in a farming commune outside of Shanghai. He stated that it was 'enthraling to observe that one purpose of food was to counter the perverse influences of nature...it was stunning to realise that the quarter of the world's population who lived in China were free from reliance on the drugs and surgery paradigm of medicine'. From his interest in and experience of Chinese medicine Peter decided to study the subject. However, he was unable to start due to the Chinese Great Proletarian Cultural Revolution in 1968 when the bamboo curtain was drawn down to most foreigners. This closure lasted for many years.

Peter travelled through North America and Europe and discovered Western natural medicine. Peter received treatments, investigated educational programs, attended lectures and workshops and met many people from practitioners to self-proclaimed gurus. Peter collected masses of literature. He then travelled to the United Kingdom. He refers to the United Kingdom as ‘the land of understatement’ in direct contrast to his United States and Canadian experience.

Vocation begins

Drawing from the combined experiences of China, the United States, Canada and the United Kingdom Peter concluded that ‘the expansion of natural medicine services in the West could only follow the creation of quality education, which produced quality graduates...it would be ideal if those graduates exhibited the best aspects of the Chinese, North America and UK professions’. Peter received formal education in natural medicine and has been involved in all aspects of the profession for over thirty years.

Key role: Politics, administration, educator and practitioner

Peter has been involved in politics, administration, research and education as they relate to natural medicine.

In 1980 Peter created the Australian College of Natural Medicine. This college has over five campuses nationally and is the largest natural therapies college in the world. Peter is a full Professor of the Guangxi Traditional Chinese Medicine University in Southern China.

He states that the era that found him being introduced to natural medicine was a ‘time for Sex, Drugs and Rock n Roll, other music with a message, Woodstock, protest against the Vietnam War, violent Quebec, Irish and Palestinian separatists, other violent revolutionaries, the Kent State massacre, civil rights, environmentalism, illegal drugs, long hair, flower power, anti-capitalist sentiment, communal living, and the back-to-nature movement. As an Australian dollar was buying up to US\$1.15, the times seemed to be perfect’.

Peter became involved at a political level as he chaired the Natural Therapies Summit held at Old Parliament House, Canberra in 1996. Although at the time of writing this thesis Peter sold the Australian College of Natural Medicine, he continues his interest in natural therapies and completed his PhD in 2005 and has published a leading text book entitled *Healing, the history, philosophy and practice of natural medicine*. This book offers the profession a glimpse into the proud history that is linked to the world of natural therapies.

Peter Derig

My thoughts

Very mild mannered man and played such a major role in so many people's lives in fact his name is emerging over and over again. I wonder how many there are in this work. Lynchpin in education. Very generous with information and helpful. So many people entered the profession through Peter, yet I wonder how many people know that? Peter never stated his influence. Mild mannered and respectful. Loves the profession and very learned about so much that spans so many years.

The journey begins

Peter first became interested in the field of natural medicine in the early 1960s when he sustained a lower back injury while working in Africa.

The passion fires

He enrolled as a student in 1963 and undertook a course in osteopathy that at that time embraced naturopathic principles, homoeopathy and massage. These were the key modalities available at that time.

Vocation begins

Peter founded the New South Wales College of Naturopathic and Osteopathic Sciences in 1967, later to be named Health Schools Australia. The objective of the college was to provide quality education in natural therapies in country areas through distance learning. Prior to the *Webb Committee of Inquiry* in 1976-7 the college was an internal teaching structure for both osteopathy and naturopathy. In 1977 Health Schools Australia was formed and became a distance education facility. Peter's work over the past forty-two years has been as a practitioner and an educator. Peter instigated liaison with universities and through this partnership the first Health Science Degree program commenced.

Key role: Practitioner, educator, business entrepreneur

The era was one where education in the field of natural medicine was being sought after and Peter responded to this need by opening a college that would deliver courses of a very high academic standard. Peter was one of the early educators and in fact

offered opportunities to many of the early practitioners to take up teaching positions within his college. Peter guided the profession through his experiences as he took up a position as a director within an association.

Health Schools Australia continues to offer courses and has a proud international reputation and has graduated some of Australia's leading practitioners. Peter continues to be in clinical practice and although retired from association life is always available to help.

Marnie Morrow

My thoughts

What a wonderful and magical experience this was. Many years of Marnie's life were covered in such a short time. I kept thinking what a woman to have endured all she had and still be very spirited and passionate about natural therapy. I reflected back to the time we shared at the natural medicine summit. We were supposed to be enemies but got on so well and to have her agree to have this interview was a wonderful opportunity for me.

The journey begins

Marnie stated, 'when I was a child this is how my family earned a living. We had a different thought'. Marnie comes from a gypsy background with a very proud tradition in natural therapies. Marnie suggested that her family was very successful due to their belief in hope and faith, which formed the foundation of their philosophy. Marnie has always been involved with natural therapies and thought of it as spiritual healing more than anything else. She felt that plants were something that we would use a lot but probably more for putting under pillows than getting people to eat them ... that came later'. Marnie followed on with the family tradition. She set up a health farm for disabled children — more to give mothers a break.

The passion fires

Marnie stated that 'it all started by accident because some of my patients needed a break because in those days there was not very much help around, this was 1966'. Marnie treated a lot of children who were problem eaters and she would work with the mothers and children to make nutrition interesting. She would make food look like a face or a forest and then would make up stories around the food. Although the spiritual healing was there, she realised the key really was 'that I cared for you with a little bit of TLC'.

Vocation begins

Marnie suggests that she has played a fairly important role and helped to hasten the process for the recognition of natural therapies. Marnie took on a role as a political activist and helped to develop credibility for the profession. She entered the media by

appearing on several programs, became President of the Australian Natural Therapists Association and opened a training college in South Australia, all vital activities that contributed to the national growth of natural therapies.

Key role: Educator, practitioner, political activist, business entrepreneur

In the early days Marnie faced a lot of bigotry and opposition due to her gypsy background and her use of natural therapies, however, through determination and a belief in her heritage Marnie went on to become a highly respected member of the natural therapies community.

Raymond Khoury

My thoughts

Was a wonderful, knowledgeable and generous person. Very direct and offered clear opinions and was very knowledgeable about the political front. Drew on many years as a practitioner. There was illness as a child and that helped to swing Raymond into the world of herbal medicine. He is linked to Denis Stewart as educator. A great experience to share time with him.

The journey begins

Raymond stated that as a child he was always sick and was bedridden for a three month period. He was under the care of seven paediatricians and was in hospital more than he was out of it due to his illness, which did not have a diagnosis. He was told he was ‘faking it’. Raymond said ‘I would do a 5 mile country run and out of 1500 students I came second last or even last’. This led Raymond, at the age of twelve, to go to the library where he found his first book on weight lifting and weight training. At the end of the book there was a section on vitamins. He then took out every book he could find to self-educate and help his health issues. Although in those days there were not that many books on the subject, his health improved. The following year he ran and came seventh.

The passion fires

Through this experience, at the age of eighteen Raymond purchased his first book on herbal medicine. Raymond finished his degree and said ‘I did not realise you could make a living out of being a practitioner. I went to enrol in my second degree which was law — I missed out by one week enrolling ... I enrolled in a six week herb course and six weeks became two years’. Raymond has been involved in herbal medicine for over twenty years.

Vocation begins

Raymond has maintained a busy clinic for over two decades, was instrumental in turning the National Herbalists Association of Australia into a professional and viable organisation, is the editor of the *Australian Traditional-Medicine Association Journal* and is a consultant to the profession on all matters legal and political. The profession

considers Raymond to be one of its most respected participants. This is confirmed through the many invitations he receives to be on political sub-committees and requests for his comments on professional issues.

The era that finds Raymond entering the world of natural therapies was one where his family immigrated to Australia when he was 4 years of age and where many families in this position suffered nutritional deficiencies. Through self-education he was able to find a solution to his problems which sparked an interest in nutrition which later led him to enter the profession of herbal medicine. Although not his first choice, the profession of natural medicine is fortunate he did finally become a herbalist and advocate for the profession.

Key role: Educator, association administrator, political analyst

The era catered to his academic mind as many changes were taking place and Raymond was able to contribute and continues to offer guidance to the profession. Raymond continues to work in the profession and is seen working at the coalface, acting as a consultant, a political analyst, editor of a professional journal and public speaker.

Allan Hudson

My thoughts

How attuned he is to what is going on internationally in relation to natural medicine and massage. Very easy to talk to and very open with lots of information; always willing to share his time and knowledge. There is a link to Peter Derig.

The journey begins

At a young age Allan did martial arts with a fellow called Wallace Brown who was also an osteopath. Alan was fifteen at the time. He became a good friend with Brown's son. On weekends Brown would drive Allan home which meant Allan would need to wait until Brown finished his work which could be eleven pm or later. Brown also used herbal medicine in his practice.

Through this exposure Allan was introduced to the world of natural therapies. From this point Alan enrolled in a massage course with the New South Wales College of Naturopathic Sciences, run by Peter Derig. This was 1970.

The passion fires

Graduating in 1972 from massage training, Allan started teaching massage and since that time has been involved continuously with teaching. Allan taught osteopathy, massage and many different types of bodywork.

Vocation begins

Alan was the co-founder of Nature Care College in 1973 and after a short break when he went to Tasmania to teach, Allan returned to Nature Care College where he continues to teach. He has played a pivotal role within the college, being involved in every aspect, from writing courses, to the setting of competencies and managing the student clinic. Allan contributes to the profession as he is the head of department for massage, through a professional association and he participates in skills update seminars where he offers his experience to practitioners across Australia.

Key role: Educator, practitioner

The era when Allan became involved was the 1970s and change was on the agenda.

There was an interest in alternatives and Allan responded to this by observing a successful practitioner, first hand, make a living out of natural therapies. This interest has not waned and Allan continues to contribute and participate in the profession on a full time basis.

Maggie Sands

My thoughts

What a surprise package. Lots of activities I did not know about. Very open and keen to tell her story and I felt a new respect for her due to the contributions she has made to the profession.

There was a link to Denis as educator. Maggie continues to be involved in the profession and has not lost her passion nor her convictions.

The journey begins

Maggie was heavily involved in the fitness industry and through this interest enrolled in a herbal medicine and massage course with Denis Stewart. Maggie always felt that massage (bodywork) was ‘her thing’ and although she completed herbal medicine and naturopathy Maggie has remained in massage to the present day.

The passion fires

Through her involvement with Denis Stewart and his School, Southern Cross Herbal School, Maggie played an instrumental role in organising courses for him. These courses covered nutrition and massage in which Maggie has a keen interest.

Stemming from her fitness business Maggie introduced many people to nutrition and the benefits of massage, where classes would hold thirty-five to forty people. Maggie commented that ‘in those days when I did my massage course you had people who are significant people today ... in the classes ... they went on to lead the profession’.

Vocation begins

Maggie continued to train through several organisations and in 1985 Maggie commenced her own College which is still in operation. The transition from delivering short general interest courses to accredited courses saw Maggie play a primary role in the development of massage as a profession.

She was a founding member of the New South Wales Fitness Association and in 1989 her college gained full accreditation with the Australian Traditional-Medicine Society, which was one of the few organisations that accredited massage courses.

Key role: Business entrepreneur, political activist, educator

The era was one where the community were interested in subjects that helped them understand their own health issues and Maggie catered to this need by being instrumental in bringing the subjects to them through the lectures she organised. People were interested in courses where they would apply a treatment so the courses were predominantly 'hands on' with little anatomy and physiology. The age group at that time was also very different from today. Maggie commented that 'I was in my thirties and was the youngest in the group'.

Maggie actively participated at several levels of the profession including being a member on several committees and she continues to run her own college with two very busy campuses and is very active in campaigning on a political level for natural therapies.

Bill Pearson

My thoughts

An actor, an educator, a student, multiple activities wow. Big interest in China and links to practitioners in both countries and maintains a passion for the profession and continues to contribute at a very high level within the profession.

The journey commences

Bill was a professional actor and dancer. He recalls that ‘some elements of me were not being fulfilled and that pathway led me to a naturopathic philosophy’.

The passion fires

Following a motor bike accident where Bill lost the use of half his body, he sought treatment with an acupuncturist. Bill stated that he ‘had massive doses of acupuncture with the use of electrodes’. This was the late 1960s early 1970s. He further recalls a faint memory of not being able to move his body. A memory of a twenty-two year old, quite an athletic dancer coming out of a Macquarie Street specialist office being told the reason for not being able to move his body following a three months hospital stay was that he was getting old. To Bill this was not an adequate answer and he felt there must be something that could be of assistance. Bill found himself investigating therapies and various belief systems, which ultimately led him to taking on training in natural therapies.

Vocation begins

Bill became involved academically in natural medicine in 1983 when he first started studying. Bill enrolled in massage, and took on an elective in Chinese medicine. He moved into naturopathy at the end of the first year of studying massage and he ‘fell in love with it. I took the elective on because I felt the very academic aspects of naturopathy I needed to balance my study program and after one month moved into Chinese medicine. I then took the next five years to study Chinese medicine’. Bill became a practitioner and commenced teaching at Nature Care College and ran their student clinics and was Head of Department of their Chinese medicine section.

Bill moved to Tasmania in 1989 and opened the first natural medicine college in that state and continued to be in clinical practice. The college gained accreditation with the Australian Traditional-Medicine Society and in 1996 Bill joined the Board of Directors. He was elected National President of that organisation in 2001.

Key role: Practitioner, educator, political activist

The era was one of change where people were seeking alternatives and options to their own growth and development as well as their health and wellbeing issues. Bill was involved in both aspects of these changes and continues to be intimately involved with all aspects of the profession. At the time of writing he was the national president of a professional natural therapies association.

Conclusion

A pivotal point in the changing face of natural medicine can be aligned to the extensive professional network that has involved each of the informants. All have come together and woven a rich tapestry, which has formed the foundation of natural medicine in Australia.

Their contributions to the profession have seen each of them, in their own way; face adversity, rejection, scorn and opposition. Instead of them giving up they have gone on to be primary players in the growth and subsequent acceptance of natural therapies. Their experiences offer invaluable advice to the emerging profession of natural therapies. They are unsung heroes and should be acknowledged for their major contributions.

Many within the cohort had been educators. As education forms the foundation to growth and development of all professions, professional growth cannot exist without education. It is little wonder that most of the informants have been involved in education. All have a depth of experience and knowledge that will play an integral role in guiding the profession.

Respect for the experience each person offers will serve future practitioners. A quote offered by Dewey (1925) confirms this statement:

Respect for experience is respect for its possibilities in thought and knowledge as well as an enforced attention to its joys and sorrows. Intellectual piety toward experience is a precondition of the direction of life and of tolerant and generous cooperation among men. Respect for the things of experience alone brings with it such a respect for others, the centres of experience, as is free from patronage, domination and the will to impose.

Times were tough in the 1970s when many of these people were entering the field of natural medicine, yet they did not waiver from what they knew was right; they knew what natural therapies had to offer the public and how the many disciplines within natural therapies could assist the community with their health and wellbeing issues. Each has played a major role in shaping the future of natural medicine and for that I am forever grateful.

All participants have three things in common; passion, commitment and courage of their convictions. The following chart (Table 2.1) below depicts the contribution these people have played. They were all active in very important activities and maintained a focus on the professional development of natural medicine.

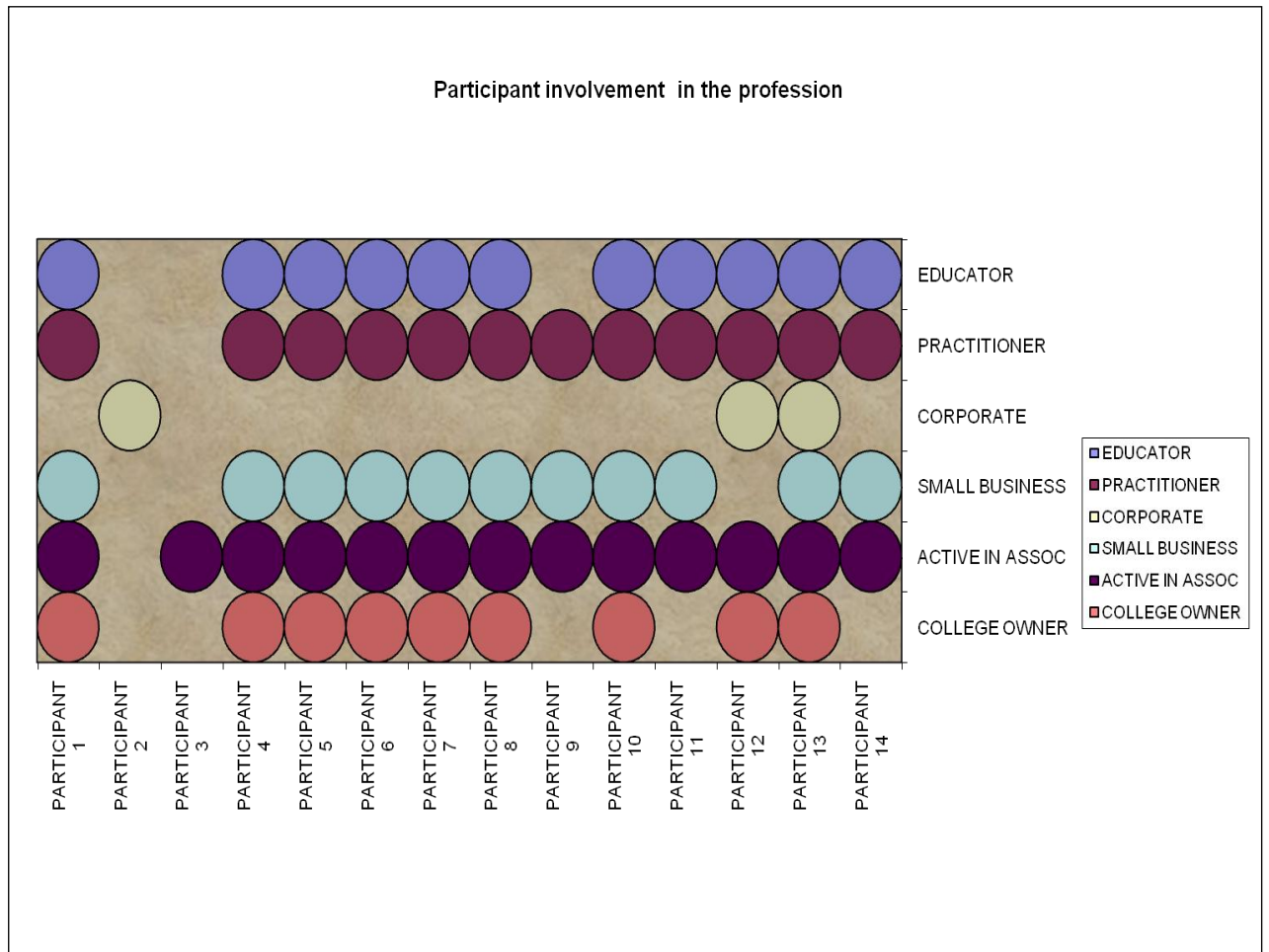


Table 2.1 Rogers' dual roles

The strength for each participant is the duplicity of roles. Most played several roles such as being an owner of a college, an educator and a practitioner all at the same time. Also, many took on additional leading roles on association boards where they then entered the world of politics as it relates to natural medicine. Multi-talented, passionate and committed, these people form the basis of our proud tradition.

Chapter Three

Review of the literature

Introduction

Many studies (MacLennan et al. (2002), Upchurch et al. (2005), Grace et al. (2006), Baer (2006), Votova et al. (2007), Adams et al. (2007), Fonnebo et al. (2007) and Williamson et al. (2008) confirm that the use of complementary alternative medicine has increased. These findings are reinforced in Australian Bureau of Statistics (2008) figures that reiterate the increasing popularity of natural medicine therapies. The current study takes such findings as its starting point.

The material considered in the literature review ranges from academic texts and research reports to newspaper articles. The use of the latter material sets the chapter apart from usual academic reviews but demonstrates that many of the debates in natural medicine have occurred frequently in the public arena. Naisbitt (1992, p. xv) supports this as he suggests ‘... by reading ... local papers I could recognize new patterns of change in the country’. More recent support to validate the use of newspapers and popular media is offered by Robinson et al. (2007) as they state ‘complementary and alternative medicine (CAM) usage is a significant health care issue. Newspapers, magazines, and other media provide information on the latest modalities, how they are practiced, and how they can assist with health care’ (p. 99).

Natural medicine in its present form is a recent phenomenon, however natural medicines have a very long history. While this thesis is exploring the current level of interest, drawing from the collective wisdom of a selected cohort many of today’s patients may be unaware of these historical origins.

This review of the literature explores several major issues inherent in the changing patterns of popularity and usage of natural medicine. The review is broken into four subsections:

The subjects that comprise the following sections have been drawn from the questions that were offered to the cohort for direct comment or were added to by the cohort during discussions that took place during the interviews.

Section one focuses on the confusion with the nomenclature associated with the terms Complementary Alternative Medicine (CAM), natural therapies, natural medicine, complementary alternative and holistic medicine and the recent decision by the Australian Traditional-Medicine Society about the preferred title.

Section two provides evidence for the increased use of natural medicine and offers support for the argument that it is moving into traditional medical acceptance.

Section three presents some reasons behind the increased use of natural medicine. These range from dissatisfaction with traditional healthcare, dissatisfaction with doctor patient interaction, the lack of time taken by doctors in consultations, lack of time taken to build relationships with patients, lack of education of doctors in patient relations, postmodern social climate, effects of globalization, decline in consumer faith in science, gross societal changes, patient self-empowerment, concern for adverse effects of chemical drugs, medically induced injuries and media involvement in educating the consumer in having choices.

Section four details the potential effects of the evolving infrastructure of the medical system, as natural medicine becomes commercialised and the effect on the natural medicine profession.

Section one: Nomenclature in natural medicine

Canvassing the literature one finds a plethora of terms used to describe the world of natural medicine/therapies. Nomenclature is a complex and highly contested area within the world of natural medicine with many players and in many different arenas.

According to Baer (2006) the holistic health movement which began to emerge in the US in the San Francisco Bay area in the early 1970's is often seen as the genesis of today's natural medicine. It quickly spread to other parts of the United States and

other countries, especially Anglophone ones (namely Canada, Britain, Australia and New Zealand, (Baer, 2006, p. 1774).

Later movements around nomenclature have focussed less on “wholistic health” and more on the relationship with allopathic medicine in their use of terms like “alternative” and “complementary”. Bensoussan (1999, p. 247) for example offers ‘various definitions of CM [complementary medicine] have been proposed but these fall short because of both the breadth and the changing profile of activity’.

The Natural Health Care Alliance (2004, p. 11) calls on the Cochrane Collaboration to define complementary alternative medicine. It states:

Complementary and alternative medicine (CAM) is a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period. CAM includes all such practices and ideas defined by their users as preventing or treating illness or promoting health and well-being. Boundaries within CAM and between CAM domain and that of the dominant system are not always sharp or fixed.

This open-ended definition is one of a variety of definitions that have been offered by different authors. For example, referring to a New South Wales discussion paper, Parker (2003, p. 316) describes complementary medicine as a ‘heterogeneous collection of therapeutic substances and techniques based on theory and explanatory mechanisms that are not consistent with the clinical model of medicine’.

A joint position statement offered by the Royal College of General Practitioners (2004, p. 1) suggests complementary and alternative medicine ‘is a group of diverse medical and health care systems, practices and products that are not presently considered to be part of conventional medicine’.

Coulter & Willis (2004) point out that there is an issue when it comes to nomenclature associated with the CAM group and this may have important social and political ramifications. Vickers (2004, p. 110) adds ‘the names complementary and alternative do not distinguish between different therapies, but between whether patients use them

in conjunction with (complementary) or instead of (alternative) standard medical therapy'. This comment is vital for the natural medicine group to consider.

A more diverse definition is offered by de Lorenzo (2007, p. 1) as he calls on Ernst (1995) 'Complementary medicine may be defined as diagnosis, treatment and/or prevention that complements mainstream medicine by contributing to a common whole, by satisfying a demand not met by orthodoxy and by diversifying the conceptual frameworks of medicine'. The reference continues to differentiate between complementary and alternative medicine. 'Alternative medicine ... tends to indicate that it is not integrated with mainstream and that the patient must choose one or the other'. de Lorenzo further suggests the term complementary medicine is preferred as he suggests '... it promotes a cooperative relationship leading to improved health care for an individual patient'.

A simple definition is offered by Eisenberg (1993, p. 246) as 'medical interventions and therapies not taught widely in medical schools or generally available in hospitals'. The definitions offered range from the very simple to the complex and as Murray and Rubel (1992, p. 61) offer 'many are well known, others are exotic and mysterious, and some are dangerous'.

Esknazi (1998, p. 1621) offers 'Complementary medicine should be defined as therapeutic practices based on theory or explanatory mechanisms of actions that do not conform with current medical thinking'.

The World Health Organization (WHO) offers a further definition and discusses both traditional medicine (TM) and complementary alternative medicine. In their *Strategy Report* (2002 - 2005, p. 1.) The following suggestions are offered:

Traditional medicine is a comprehensive term used to refer both to TM systems such as traditional Chinese medicine, Indian Ayurveda and Arabic Unani medicine, and to various forms of indigenous medicine. TM therapies include medication therapies — if they involve use of herbal medicines, animal parts and/or minerals — and non — medication therapies — if they are carried out primarily without the use of medication, as in the case of acupuncture, manual therapies and spiritual therapies.

The report offers ‘... in countries where the dominant health care system is based on allopathic medicine, or where TM has not been incorporated into the national health care system, TM is often termed “complementary” “alternative” or “non-conventional” medicine’ A footnote is offered to provide further clarity to this suggestion stating that traditional medicine is used when speaking about Africa, Latin America, South-East Asia, and/or the Western Pacific, whereas ‘complementary and alternative medicine’ is used when referring to Europe and/or North America (and Australia).

The Cochrane definition is all-inclusive. However the term CM, in common parlance represents contestations, different emphases and un-stated exclusions depending on the way the term is used, and by whom. Similarly, the use of the term “traditional” muddies the waters. Sometimes, it is used as in the WHO Report above to refer to “natural medicine”, other times, as an alternative to what the Royal College of General Practitioners refers to as “conventional medicine”. “Alternative” and “complementary” are similarly used with different meanings.

O’Brien and Komesaroff (2001, p. 17) researched the literature and offer many names to identify the group. Some of the terms they sourced are ‘natural medicine, non-conventional medicine, unconventional medicine, holistic medicine, integrative medicine, unorthodox medicine, complementary therapies and natural therapy’.

In supporting a nomenclature change, Easthope (2003, p. 2) supports the nomenclature change and offers ‘once known as *alternative* medicine they became *complementary* medicine and are now beginning to be seen as part of *integrative* medicine’ which clearly recognises an ongoing nomenclature debate. He adds that the term *complementary* was a way to see ‘alternative medicine ‘as a complement to orthodox medicine ... it was a term that suited both doctors and non-orthodox therapists ... most complementary therapists also embraced the new terminology as they saw it giving them a partnership with the powerful medical profession’. There is no evidence in the literature to support the suggestion that most complementary medicine therapists embraced the term.

Baer (2006) acknowledges this in suggesting “natural therapies” or “natural medicine” as broad categories within the larger rubric of “complementary medicine” (p. 1771).

In the current study, the perspectives from the field suggest ways of working with such ill-defined and elusive nomenclature. A more focused and accessible definition would be a useful tool, considering the current complexity and confusion surrounding the term CM.

Throughout the interviews and the analysis of the data in this study as reported in this thesis the two most consistent terms used, prior to asking what term would be most preferred were either ‘natural medicine’ or ‘complementary medicine’ when talking about the field in general terms or ‘natural therapist’ when talking about the practitioners. Responding specifically to one of the research questions ‘What do you think of the term natural therapist as a basis with provision for a specialty be added?’ most participants were in agreement.

In 2009 the Australian Traditional-Medicine Society formalised the term natural medicine to identify the field as a collective term and natural medicine practitioner to describe the practitioners.

Section two: Evidence of increased use of natural medicine

The review of the literature in relation to the use of alternative, natural, holistic and or complementary medicine and therapies suggests that consumers now incorporate significantly more of these into the management of their healthcare issues. Pirotta et al. (2000, p. 105), for example, through a postal survey of 800 general practitioners, reported that the preceding decade had seen a dramatic increase in the reported use of non-orthodox or complementary therapies by the public. Harland & Finn (1990, p. 1-2) agree as they offer ‘the light at the end of the tunnel comes from the general public who increasingly use natural medicine and support the freedom to buy products and visit practitioners’. The same authors describe public enthusiasm for natural medicine:

... our world is changing. It is not by any means a rosy picture. The politics of orthodoxy continue to threaten natural medicine, yet in the same breath, public

enthusiasm for natural medicine is growing and promoting the cause. Practitioners are no longer voices in the wilderness (p. 4).

Further support for public enthusiasm is offered by Lewith and Bensoussan (2004, pp. 585-6) as they comment ‘... the patient heads the revolution, in the vanguard of an apparently insatiable demand for therapies that may vary from the acceptable face of acupuncture to the more extraordinary claims of crystal therapy’.

Easthope (2003, p. 1) adds ‘what changed in the 1980’s was increased consumer demand for health’. There is further evidence to support the increased use of natural medicine. Figures dating from 1986 to 2006 confirm this claim. Figures from the *1986 Social Development Committee Report in Victoria* (MacLennan 1996) indicate that about 50% of the population use alternative medicine and about 20% of the population have been to an alternative practitioner in the last year.

Hensley and Gibson (1998, p. 573) offer ‘alternative medicine is an integral part of the healthcare of many Australians’. Expenditure in this era confirms this claim as exponential growth in expenditure continued to rise. Hunter (1997, p. 9) noted ‘the estimated expenditure in Australia was \$309 million per annum on alternative medicine (including minerals and vitamins)’. A later survey reported by Tuohy (2002) notes that we are spending \$2.3 billion on complementary medicine and therapies, which, according to Professor MacLennan et al. (2002) is four times as much as the public contribution to the cost of pharmaceuticals.

Lin et al. (2005, p. 16) offer ‘the use of complementary and alternative medicine (CAM) appears to be a worldwide phenomenon, although no one knows its true prevalence. The World Health Organization (WHO) *estimates* that 80% of the world’s populations depend on “indigenous therapies”. Western studies have shown that 42% of Americans and between 20% and 65% of Europeans use some form of CAM’.

Further support that the use of natural medicine is continuing to grow is offered by MacLennan et al. (2006) and Xue et al. (2007) who indicate that there is a substantial growth in the use of complementary medicine and that Australians are spending around \$1 to 2 billion nationally and that approximately two-thirds of the Australian

adult population are using at least one natural medicine product annually and paying for such products.

The Pharmaceutical Society of Australia offers ‘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 \$621 million. It is estimated that approximately 57% of Australians use complementary medicines (including herbal products, vitamins, minerals and nutritional therapies’ (www.psa.org.au/site).

Shenfield et al. (1997) support the increased use and popularity of natural medicine when they suggest that the use of vitamin and mineral supplements has been widespread for many years, not only in relation to specific conditions, but also for the prevention of illness and the maintenance of good health. Use of herbal and natural preparations is also gaining in popularity as the trend towards alternative forms of medicine and health-related treatment continues.

Dr Ian Brighthope, President of the Complementary Health Care Council of Australia noted in an address to the National Press Club, September 2002 (reported in Blackmores Online September 9th, 2002):

Over the past two decades, Australians have embraced natural healthcare products and philosophies enthusiastically. They frequently position natural products as their first choice in health care. This phenomenon is not peculiar to Australia, as there is a worldwide trend to safer natural healthcare.

Dr Kerryn Phelps past President of the Australian Medical Association (AMA) offered at the AMA National Conference, 2001 ‘as evidence emerges that some complementary medicines are effective, then it becomes ethically impossible for the medical profession to ignore them’.

Acknowledging such patterns according to a newspaper article entitled ‘AMA accepts natural medicine’, (Daily Telegraph, 15 March, 2002 p. 106) Dr Rosanna Capolingua,

the chair of the AMA's complementary advisory committee is quoted as saying 'the AMA has shifted from its previous position of not wanting to know or deal with complementary medicine ... our previous way of thinking was that if you acknowledged them, you give them undue credibility, but knowing about them helps empower doctors and patients to make good, informed choices'.

In the same article Patty (2002, p. 106) the popularity associated with natural medicine, the AMA 'has a new federal policy stating it acknowledges the growing use of complementary medicine'.

Sherwood (2005, p. 303) notes '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 general of the US, claims that 80% of the world's population relies on natural medicine for their primary medical care'.

Lin et al. (2005, p. 289) offer '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...'

The strategy report prepared by the WHO (May 2002) continues to support the use of CAM '... in many developed countries, CAM is becoming more and more popular. The percentage of the population which has used CAM at least once is 48% in Australia ...' and they further offer that '... use of complementary and alternative medicine (CAM) is increasing rapidly in developed countries' (p. 1).

The latest census data offered via the Australian Bureau of Statistics (2008) supports the claim that natural medicine is growing. The census states 'complementary therapies ... have become increasingly popular in Australia over the last few decades' www.abs.gov.au.

Haramati and Lumpkin (2004, p. 695) suggest the increased use of natural medicine is global as they offer '... in addition to the United States, other industrial countries,

including those in Western Europe, Australia, and Israel, were also observing increased interest and demand for complementary and alternative medicine (CAM). Indeed, more than 60% of physicians in those countries have been recommending CAM to their patients’.

The above comments show there is evidence that there is a swing toward the use of natural medicine in Australia and elsewhere coupled with the personal expenditure in the Australian market on natural medicine products and practice. While the literature demonstrates that this change has taken place, one purpose of this current research is to add to the research literature by canvassing leaders in the field to determine their explanation of the increased use of natural medicine.

Women and the use of natural medicine

As the literature was reviewed for this study it became apparent that women were primary users of natural medicines and therapies and as such play an important role in their increased use. Upchurch et al. (2002) draw on Barnes et al. (2002); and Umberson et al. (1992) and offer ‘women are of special interest because they are the primary consumers of conventional health care, are more likely than men to use CAM therapies, and are often the managers of health care within the family’ (p. 103). Findings from research conducted by Adams et al. (2003) conclude that ‘... CAM users are more likely to be women than men’ (p. 156). Sirois et al. (2008) draws on Barnes et al. (2004) and offer ‘compared to nonusers, individuals who use CAM tend to be female’ (p. 5).

Upchurch et al. (2005) and Cramer et al. (2003) are referred to by Adams et al. (2007) to support the claim that ‘the use of herbal medicine and naturopathic therapies by women is high and that these medicines have been shown to be effective for women’s health problems, such as in the relief of menopausal symptoms’ (p. 954).

Menopausal women are further identified as users of CAM and supported by Legare et al. (2007) ‘... the interest of individuals towards the use of natural health products (NHP) has grown considerably and middle-aged women who are living through menopause are no exception’ (p. 742).

MacLennan et al. (2002) further suggest that premenopausal women were amongst the most common users of complementary medicine. Although premenopausal women were not specifically identified in the Australian Bureau of Statistics there is support for the claim that women are primary users of natural medicine and therapies as the *Australian Social Trends* (2008, p.3) offers ‘... females comprised half the population [when assessing use of complementary medicine] in 2004 – 2005, they accounted for 62% of people who had visited a complementary health therapist in the previous two weeks ...’.

To assess this information within the context of overall health, information was sought to establish the use of conventional medicine in order to evaluate if more women than men visited practitioners within both models of health care. Kronenberg et al. (2006) found women are the primary consumers of health care in the US. Insurance statistics offered more concise data to support this trend. This information was sourced from www.2insure4less.com.

The chart below offered by MacLennan et al. (2006, p. 1) suggests that ‘the greatest use of complementary alternative medicine was women’. This data is relevant to Australian women and there are many explanations including related studies that show the greater number of women than men who seek medical treatment generally. In relation to the number of women sourcing natural medicine, possible explanations include the roles played by women around health, nutrition and family wellbeing and the appeal that some natural therapies such as aromatherapy may have for women rather than for men as well as the burgeoning health and lifestyle magazine and television program market.

		1993	2000	2004
Vitamin	Total	37.6%	36.4%	39.2%
	Males	33.8%	36.4%	39.2%
	Females	41.2%	41.2%	42.7%
Herbs	Total	9.9%	13.4%	20.6%
	Males	8.6%	10.3%	16.1%
	Females	11.1%	16.6%	24.9%
Mineral	Total	9.2%	10.6%	13.6%
	Males	8.1%	9.6%	11.2%
	Females	10.3%	11.5%	16%
Aroma (oils)	Totals	3.5%	15.3%	11.2%
	Male	1.9%	8.2%	5.4%
	Females	5.2%	22.2%	16.7%
Soy products	Total	—	—	3.8%
	Male	—	—	2.3%
	Female	—	—	5.2%

MacLennan et al. (2006)

Table 3.2 Use of complementary alternative medicine

Section three: Some reasons for increased use of natural medicine

The literature offers many reasons why there is an increased use of natural medicine by the Australian consumer. Some authors note several reasons while others limit their thoughts to specific reasons. This section breaks down the reasons for the increased use of natural medicine from very broad offerings to some more specific.

Reasons for the growth of natural medicine offered by Weir (2005, pp. 41-2) and drawing on Eastwood (2000) include:

- ‘A response to consumer demand because of the clinical success of CAM [complementary alternative medicine] even if scientific evidence may be lacking
- A response to market pressures that support creating greater consumer choice; increased competition and a shift in power to the consumer; and
- A return to traditional roots driven by a post-modernist perspective on society
- An openness to CAM amongst GPs brought about by disillusionment with aspects of OM [orthodox medicine] contributed to by broader post-modernist trends’

Zollman and Vickers (1999, p. 387) offer:

There are many myths and stereotypes about people who turn to complementary medicine for example, that they have an alternative world view which rejects conventional medicine on principle or that they are lured by exaggerated advertising claims. The research evidence challenges such theories.

Qualitative and quantitative studies show that people who consult complementary medicine practitioners usually have longstanding conditions for which conventional medicine has not provided a satisfactory solution, either because it is insufficiently effective or because it causes adverse effects. They have generally already consulted a conventional healthcare practitioner for the problem, and many continue to use the two systems.

White (2000, pp. 821-30) presents the results from a survey that found there were four main reasons why patients chose complementary medicine. These were ‘dissatisfaction with conventional medicine, lack of holism in conventional medicine, a greater sense of self-control and support in chronic illness’.

Siapush (1998) cites dissatisfaction with healthcare, outcomes of conventional medicine, dissatisfaction with the doctor-patient interaction patterns, and the prevailing post-modern social climate (rejection of authority, anti-technology sentiment, rejection of consumerism, and an aspiration towards holism) as key factors contributing to the increased use of natural medicine.

Astin (1998) concludes from his research that investigated *why patients use alternative medicine* that ‘along with being more educated and reporting poorer health status, the majority of alternative medicine users appear to be doing so not so much as a result of being dissatisfied with conventional medicine but largely because they find these health care alternatives to be more congruent with their own values, beliefs, and philosophical orientations toward health and life’.

Safety of orthodox medicine

The World Health Organization suggests ‘in many developed countries popular use of CAM is fuelled by concern about the adverse effects of chemical drugs, questioning

of the approaches and assumptions of allopathic medicine, and greater public access to health information' (p. 2)

In a National Press Club address (2002) Brighthope pointed to a downfall of conventional medicine where the *Medical Journal of Australia* had estimated that each year, more than 81, 000 hospital admissions are due to adverse reactions to prescribed medicines. The costs to the budget, he noted as \$350 million per year.

McArthur (2008) reporting on a survey conducted for the *Herald Sun* states:

The *Herald Sun's* unprecedented survey of Victorian doctors shows our health system is sick and doctors are often asleep on their feet in trying to save it ... our sick system requires radical treatment. More than 80% of doctors say the public is fast losing faith in the health system ...

Wooton (2006, p. 26) author of 'Bad Medicine' points out:

... the paradoxes of progress do not cover the full range of problems we encounter in modern medicine ... for example, iatrogenesis, where medical intervention itself creates conditions that need to be treated, a particular case of doing harm when trying to do good ... there have always been incompetent careless and even malevolent doctors ...

In relation to the safety element associated with the orthodox medical profession,

Wooton adds:

... medicine became more not less dangerous over time. Nineteenth century hospitals killed mothers in childbirth because doctors (trained to consider themselves scientists) unwittingly spread infections from mother to mother on their hands. Mothers and infants had been much safer in previous centuries when their care had been entrusted to informally trained midwives. For 2400 years patients have believed that doctors were doing them good; for 2300 years they were wrong (p. 2).

Dr Ellis, head of the Medical Renaissance group (in a personal communication July 2008) wrote:

... they [the public] 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.

Williamson (2000) sees the increasing use of complementary medicine as a result of 'The failure of, and hazardous nature of, orthodox medicine and the fact that it [complementary medicine] is effective'. www.holistichealthtopics.com

According to Moynihan (1998, p. 197)

... this harm is an every day occurrence, is often debilitating and sometimes even deadly? Within medical circles there is even a name for these medically induced injuries: they are called iatrogenic, most in the community would never have heard of it.

Tom Noble, health editor for *The Age* newspaper commented on December 11th, 2003 regarding 'Hospital Hazards in Victorian Hospitals'. The research shocked Professor Duckett, who was one of the researchers from La Trobe University. The findings reported:

- 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 Ministers set up the Australian Council for Safety and Quality in Health Care, taking a national approach to the issue'.

In August 2003 *The Age* revealed that the hospitals in Victoria reported to the Health Department sixteen deaths caused by medical mistakes for the year ending June 30th, 2003, the second year that hospitals had been required to report such mistakes. Such newspaper reports are presented here because they are in the public domain and as such are likely to influence consumer choices over medical treatment, a key theme of this thesis, asking why there is an increased use of natural medicine.

A five-country survey published in the *Journal of Health Affairs* (2003) entitled *Common Concerns Amid Diverse Systems: Health Care Experiences in Five*

Countries, found that 18-28% of people who were recently ill had suffered from a medical or drug error in the previous two years. The study surveyed 750 recently ill adults. The breakdown by country showed the percentages of those suffering a medical or drug error was 18% in Britain, 23% in Australia and New Zealand, 25% in Canada and 28% in the US.

Moynihan (1998, p. 195) offers:

...reporting which portrays an over optimistic view of medicines benefits and plays down its risks can do enormous damage. Unrealistic expectations of what doctors can offer will only ever lead to disappointment. Exaggerated promises are rarely kept.

In his 2002 address to the National Press Club, Dr Brighthope suggested that doctors are trained to think and act in terms of disease. He went on to say that prevention is a secondary consideration in most medical schools and practices, and true health optimisation is almost non-existent ... let's try again to shake off the disease model. The question should be; how can we leave the person healthier than when we started? Although Brighthope painted this bleak picture of modern medicine, he countered his comments by stating that:

Modern medicine absolutely excels in emergency and acute care ... wherever a life needs to be saved, heart attacks, road accident victims, birth trauma, appendicitis, this is orthodox medicine at its finest hour ... unfortunately when the problem is subtle, or revolves around prevention, a SledgeHammer approach is applied.

To conclude this section Williamson (2000) offers 'Alternative medicine will continue to be popular as long as it is safe and effective ...'

The website: www.holistichealthtopics.com where Williamson is reported paints a clear picture of reasons for increased use of natural medicine and such technological documentation is a good lead in to the following section.

Post-modernism, globalisation, societal changes

Although the concept of post-modernism is a contentious point for some researchers the discourse that is offered by some writers provides commentary that indicates it may have an influence on the increased use of natural medicine. Some members of

the cohort confirmed their belief in the trilogy; post-modernism, globalisation and societal changes as having a positive influence.

The literature provides some supporting commentary. Coulter and Willis (2004, p. 3) draw from Siapush (1998) develop their argument about the increased usage of natural medicine as a phenomenon of the postmodern era:

... a second explanation might be the so-called post-modern thesis. This suggests that as social change (also involving globalisation) has accelerated, faith in the ability of science and technology (including medicine) to solve the problems of living has declined.

By contrast, Graham Williamson (2000) writing for *Holistic Health Topics* suggest 'the popularity of alternative medicine preceded, and occurred independently of, postmodernism'. (www.holistichealthtopics)

Coulter and Willis (2004, p. 587) suggest that:

... the reasons for this growth relate to general societal changes rather than intrinsic concerns with medicine ... this change within society might be interpreted as part of the ascendancy of patient self-empowerment, and describe approaches that conventional medicine can take to respond to this growth.

World wide there is a growing trend with consumers. They are making decisions about their entire life. Aburdene (2005, p. 93) refers to the group of consumers, relevant to this works as 'Conscious Consumers' and categorises them as 'LOHAS (Lifestyle of health and sustainability) customers'.

The LOHAS market is comprised of five 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)

5. Ecological Lifestyles (ecological or recycled products, ecotourism and travel).

People power is the salvation of natural medicine. 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. This major shift in consumer consciousness is supported by Wyke (1997, pp. 239–241) as she introduces the shift in technology and the influence on the consumer.

These technologies promise to nudge medicine off a pedestal, making it more convenient and attainable, not to mention cheaper ... the shift toward a consumer-driven health system could not, in a sense, have come at a better time.

Sir Keith Peters, Regius Professor of Physics, University of Cambridge School of Medicine, (Wyke 1997 in foreword) 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’ and 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’.

Easthope (2003, p. 2) offers ‘why and how health became a commodity is still a matter of some dispute among sociologists but all agree it is now a commodity. This commodification took place at the same time as – and was linked to – changing values that included a stress on the natural’.

The general practitioner influenced the change

There is an indication that the way the general practitioners conducted their consultations played an influential role in the consumer turning toward natural medicine. The lack of time spent with the consumer and the doctor-patient encounter, consumer disenchantment and the lack of education offered to the doctor, lack of successful outcomes in the treatment of chronic illness, a lack of trust by the consumer to engage in discussion with the GP in relation to what natural medicines they may be taking, and the changing trend by the consumer to be more proactive in relation to their health and wellbeing were further contributing factors.

The *Medical Observer*, Friday 29th October, 1999 reported on a telephone survey conducted by the Department of Humanities and Social Sciences, La Trobe University. The conclusion of this survey stated the two main problems the consumer reported with orthodox medicine were

1. Unsatisfactory results in the area of chronic illness.
2. Attitude of some doctors — not allowing enough time for an explanation of treatment options.

To support a claim that consumers were not open about natural medicines Blackmores conducted a *National Health and Wellbeing Survey* in 2002 which found that one in twenty people would still not admit to their doctor what supplements they were taking. (Blackmores Survey 2002). These statistics represent a lack of trust and understanding in their GP to have knowledge of or accept that there are alternatives to what is offered by orthodox medicine.

It has been suggested (MacLennan, 1996) that the normal doctor-patient encounter lacks time, empathy, personalisation, expectation of a cure in chronic disease states, counselling and a general emphasis on health rather than disease. While this is not always the case, it is time for us to recognise that a complementary system for trying to achieve a state of well-being exists in Australia and is widely used by our patients. We cannot ignore it and should record and collect objective data about its use.

Sirois et al. (2008) drew on earlier findings by Luff and Thomas, 2000; Lupton, 1997 and Richardson, 2004, in noting that qualitative studies have found that the lack of a caring therapeutic relationship with conventional doctors was a reason for using natural medicine and that CAM users expect to have treatment delivered in an empathetic and understanding manner.

In an extensive review, Sirios et al. (2008) extend on the above comments and add evidence to support why the consumer is motivated to use CAM ‘ ... dissatisfaction with conventional medical care is a common motivation for deciding to use CAM, with CAM users reporting that conventional medicine did not meet their needs. In doing this Sirios et al cite the work of (Paltiel et al., 2001, Boon, Westlake et al.,

2003; Ganguli, Cawdron & Irvine, 2004; Jorgenson and Launso, 2005; Sirios & Giek, 2002 Boon, Brown, et al., 2003 and Ganguli et al., 2004).

Dr Michael Ellis (2007, p. 2) writing for the Medical Renaissance Group suggests ... 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 MBS item numbers, and does not reward the quality of care which comes from longer consultations.

Consumer disenchantment

Consumer disenchantment, influenced by nutrition being rejected by doctors and the role of the media are further contributing factors as to why the consumer has turned to natural medicine. *The Age*, September 22, 2003 reports that ‘The growing popularity of alternative health therapies may well indicate disenchantment with conventional medicine and a desire by patients to take greater control of their health ...’.

By way of explanation for the limited patient/doctor consultations, Dr Ellis (2007, p. 2) comments that:

...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.

Moynihan (1997, p. 170) points to the problems associated with the business of medicine:

The dangers of running medicine as a business are obvious. A doctor’s primary interest is supposed to be healing the patient. But when medical care is being delivered by a business squarely focused on making money, their interest come into play. Medicare pays doctors for each patient; they see as many patients as possible and perform as many procedures as possible.

The Natural Health Care Alliance (Feb. 2004) supports the fact that orthodox 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 benefits or better

outcomes. Under the proposal for the new Medicare Plus, doctors are to be paid an average \$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, p. 14) identified the growth of the cost of pharmaceuticals as unsustainable.

Bensoussan (1999, p. 247) offers the following in support of the response to consumer demand:

When health consumers develop uncomfortable symptoms they choose CM, they pay for treatment mostly out of their own pockets. It is a time when patients do not consider too actively whether their healthcare practitioner is oozing warm and fuzzies, but, rather, target what they believe to be the most effective way to get better. If they believe from direct or indirect experience they are not getting broad enough advice or making adequate progress with conventional medicine, then they will try an approach that might offer other help. This is fundamental pragmatism. CM consumers accept the possibility of a different perspective or understanding of their illness ... in fact welcome it ... as it opens a window of opportunity for treatment not previously apparent.

Williams (1971) contends that there is a vacuum created by the abandonment of nutrition by orthodox medicine and this is directly responsible for nutrition becoming an alternative therapy. The cornerstone of naturopathic medicine is nutrition and if it were not for this abandonment then we, as natural medicine practitioners, may not be so successful. The earlier discussion about the numbers of women using natural medicine and their commitment to nutrition and diet is relevant here along with the plethora of health and wellbeing magazine and lifestyle television programs.

The media plays a very dominant role in picking up on and shaping the mindset of the community. Moynihan (1998, p. 195) suggests:

Most people, doctors and scientists included, learn about new medical treatment first through the media ... what the community believes about health, disease and how to deal with it is profoundly influenced by the medical reporting in newspapers and on radio and television.

Moynihan further observes:

... with matters medical, many of the producers or editors who make the decisions are working with outdated, over-glorified, highly clichéd views of what doctors and their

treatments can really offer in the war against disease. More fundamentally the very nature of news and how it is produced can work against good-quality, well-researched coverage of medicine (p. 198).

Additionally Moynihan points out that ‘television current affairs programs use good-news medical stories to boost ratings, and health infotainment shows provide free air-time to those selling new treatments’ (p. 196) and further suggests that:

... playing on public fear is a popular formula within the media. The desire to make things sound as grim as possible will encourage many journalists and media organisations to print or broadcast worst-case scenarios about the prevalence of certain diseases or disorders (p. 202).

Another strategy as observed by Moynihan, (1998) suggests that:

... reporting which portrays an overoptimistic view of medicines benefits and plays down its risks can do enormous damage. Unrealistic expectations of what doctors can offer will only ever lead to disappointment. Exaggerated promises are rarely kept (p. 195).

Section four: Commercialisation of natural therapies

One of the key contextual factors in the increased usage of natural medicine is the commercialisation of natural medicines and therapies. How the field will respond to the impacts and challenges of this increase in uptake as well as the commercialisation itself is an issue of profound importance. Williamson (2000) writes about the dangers of commercialisation of CM in a globalised economy for the future growth of CM as follows:

The traditional grass roots holistic health movement which has been in existence for thousands of years, and which has been motivated by health concerns, is now being replaced by a political movement, the aim of which is the commercialisation and exploitation of traditional cultures and traditional healing methods. Although in some respects, both orthodox medicine and alternative medicine appear to be moving in opposite directions, both are succumbing to the forces of global commercialisation. Nothing could be more undesirable from the point of view of holistic medicine or health generally. When the profit motive replaces the health motive, we will get more profit for less people and less health for more people. (www.holistichealthtopics.com)

This author suggests that commercialisation might undermine the integrity of holistic medicine and its traditional value base. There are, however, other implications such as the undermining of the professional base (when pharmacies can supply medicines without any consultation) and the possibility of markets being flooded with cheap, untested or second-rate products. One of the aims of this research is to follow up Williamson's warning about the dangers of commercialisation by seeking the views of the participants about how they see this issue and how the field should respond.

Natural medicine practitioners' businesses' have long been undermined by the availability of natural medicines in health food stores — without consultation or evaluation by a professional — yet our profession has flourished even with this apparent setback.

Conclusion

Despite the many attempts to define terms to identify the natural medicine group there is still a lack of consistency. However, we are living in changing times and the profession is taking a more proactive role in its destiny.

In suggesting conventional medicine does not hold all the answers. Wootten (2006, p. 16) offers:

... virtually all medical progress ... enables doctors to get better at prognosis, at predicting who would die, but it made no difference at all to therapeutics. It was a progress in science but not in technology.

The fact that a high percentage of Victorian doctors are referring patients to natural medicine practitioners does not in itself indicate a shift in the paradigm they operate under, but possibly a growing awareness on a personal level. This is not dissimilar to what their patients may be experiencing. Doctors are also patients at some time in their lives and are prone to experience the same levels of dissatisfaction with the system they themselves work within.

Not all see a positive shift. Dr Ian Brichtoep (*National Press Club*, Sept 2002) offers 'The basis behind much of the resistance, especially in the medical, political

and research professions, is what I call the drug and disease paradigm — a paradigm of power and money’. He adds

... despite the obvious fact that the public is voting with its feet, there is still an astounding amount of opposition to CM [complementary medicine] in this country. Mostly due to ignorance, vested interests and intellectual rigidity, this resistance discourages health professionals from choosing the best care for their patients, by ignoring a great many valid and helpful treatments.

Some see the process of acceptance almost at the opposite end of the scale. Alexander (2007, p. 9) offers ‘Alternative and herbal medicines have made a break for the mainstream, with the oldest medical school in NSW choosing to incorporate complementary therapies in the curriculum’. It would be interesting to investigate the reasons for the implementation of this change in curriculum. It is unclear whether this is a marketing strategy to capture interest for this shift in orthodox thinking or if the driving force is the lure of the dollar through the evidence that complementary medicine has evolved into a booming industry.

Easthope (2003, p. 2) offers guidance and thought-provoking comment when he suggests ‘Doctors are no longer the gatekeepers. That role is now in the hands of corporate commercial interests for whom most doctors are now working, even in that bastion of individualist free enterprise, the USA. Although doctors are not pipers who must play the tune set by these commercial interests, they can no longer determine who else is allowed to play the music of healing. How far they will be forced by their employers to cooperate with the non-orthodox to produce a harmonious melody or how far each can play different tunes in the same institutions remains a matter for conjecture and empirical research’.

Despite or in spite of commercialisation of natural therapies, consumer disenchantment with conventional medicine, societal changes and nomenclature confusion, the impetus for change is most likely to originate from those who pay and who distribute the dollar. This will cause a reverberating effect through the infrastructure of conventional and natural medicine and ideally filter through to the public in the form of a better healthcare system offering a complete spectrum of treatments.

Chapter Four

Methodology and Method

Introduction

In this work I call on the *collective wisdom* of a group of professionals who as the research findings support could be labelled as important activists in the natural medicine profession. They have contributed to the professional development and subsequent acceptance of natural therapies. I was known to the entire cohort as I have been a participant in the profession for over two decades and it should be acknowledged I hold them in the highest esteem. It was awe inspiring to be in their company as they shared their opinions and their journey with me. I was mindful of the relationship I have with the cohort.

Brown (1996, p. 15) offers ‘as they work scientists naturally experience a range of emotions and thoughts, some of which threaten to bias, distract, and even disable them’. I certainly experienced emotions and thoughts that made me aware of potential bias, distraction or disablement. Brown further offers ‘the investigators are probably never completely detached or dispassionate as they interact with others in face-to-face contact’ (p. 16). Although it is not possible to be completely detached I remained mindful of this possibility throughout the interviews and considered what Brown suggests:

... investigators must step into their own spotlights and with a cold eye assess their behaviour and thoughts: their motivations in choosing a research topic, the effect their research has on them, and their interactions with colleagues and participators and the data they collect (p.19).

These words set my boundaries as I entered into this project.

This chapter presents the methodology and the process through which I worked in order to gain answers to the research question: *Why has there been an increased use of natural therapies since the 1970s: perspectives from the field?* This general question was the starting point for the concern held with members of the cohort which encompassed a whole range of factors about the increased use of natural medicine.

This chapter addresses the methodological framework that was chosen, the group is introduced and described, and details are included of how the interviews were conducted. In addition I explain how the data were collected, transcribed, analysed and thematic interpretations sought. I conducted fourteen exploratory or semi-structured interviews in order to address the following research questions:

- When did you become involved in complementary medicine?
- Why did you become involved in your chosen discipline/s?
- What roles have you personally played or continue to play in the field?
- Why has there been a significant increase in usage of CM since 1970?
- What do you think have been the main factors influencing the growth in complementary medicine, e.g. media, pharmacy, adult education?
- What name should be given to the practitioners within the CM profession?
- What suggestions do you have about how people can make sense of the confusion in knowing what all the disciplines are and what they have to offer?
- What nomenclature do you think should be used to identify ‘traditional health’ or ‘naturopathic’ practitioners?
- Do you agree with the term CM?
- Can you suggest an alternative term?
- What is your definition of complementary medicine? What alternative therapies should not be included under this term?
- How do you see commercialisation impacting the field?
- What do you think about self-diagnosis and self-prescribing by the general public?
- What does the field need to do to survive pressures of commercialisation?
- Should practitioners within CM be registered, or government-monitored self-regulated?
- How do you see the future of complementary medicine?
- How do you see the future development of policies promoting integration of complementary medicine and allopathic medicine?

This study is the first of its kind in Australia to draw on the *collective wisdom* of the field of practice in order to review its development and evolution as perceived by this group. The data produced have been analysed to develop knowledge that is from the

standpoint of practitioners and professionals. As such, it draws on the standpoint epistemology theorised by Harding (1993). In her terms, complementary medicine professionals have a marginal status in relation to the medical mainstream, and hence their understanding and knowledge has a particular significance in understanding the overall field of traditional and complementary therapies. The marginal status of the complementary medicine field is changing and this work investigates why this is so and the key features of this change.

When considering this project I was in a constant mode of self-reflection as I evaluated my own experiences within the profession of natural therapies and my excitement started to build as the cohort I interviewed started to respond to my invitations to participate in this work.

As well as providing the methodological framework I worked from and a description of the participants and the key questions I posed, this chapter describes how the interviews were conducted and how I elicited the themes that provided the tapestry that formed the headings for each chapter that makes up the thesis.

Data gathering

The techniques used in this study, data collection and subsequent analysis drew on qualitative methods. As Oktay (2004, p. 32) suggests ‘qualitative research was the opportunity to combine the person and the professional’ and this combination resonated with my work. I was mindful that the aim of the project was to generate understanding about natural therapies. Eisner (2003, p. 26) offers ‘the function of qualitative research is to enlarge human understanding’. In order to achieve human understanding I sought the opinions of a very special group which has largely gone unnoticed as the history of the natural medicine profession emerges. The practical focus is in keeping with the foundation of grounded theory. Denscombe (2003, (p. 112) offers:

... grounded theory approach has its roots in pragmatism, whose guiding philosophy is clearly acknowledged by Glaser and Strauss. Pragmatism places great emphasis on the ‘practical’ rather than the ‘abstract’ when it comes to issues of knowledge and truth. In stark contrast with other approaches to philosophy and science, in pragmatism theories are not valued as things that operate at an abstract level driven by the pursuit of new

knowledge for its own sake. Pragmatism operates on the premise that the value of any theory can only be gauged by how well it addresses real practical needs and how well it works in practice.

Glaser and Strauss (1967, p. 249) also suggest ‘people in situations for which grounded theory has been generated can apply it in the natural course of daily events’.

Grounded theory was a shift toward engagement with the participants’ own accounts of events under research which included their social worlds. Pidgeon (1996, p. 77) suggests ‘the uniqueness of an individual’s “personality” could not be captured by means of simple scores along abstracted statistical dimensions’.

With the group I heeded the caution from Pidgeon (1996, p. 83) that:

... one valid practical criticism of grounded theory is that some researchers (particularly those who are fairly new to the technique) find themselves unable to theorize beyond the everyday phenomenal worlds and local interactional contexts of their basic data and domain of inquiry.

I acknowledge there is a delicate balance required when using grounded theory. As offered by Charmaz (1990, p. 1165) it ‘implies a delicate balance between possessing a grounding in the discipline and pushing it further’. In Charmaz’s terms (1990):

... researcher perspective includes substantive interests that guide the questions to be asked, a philosophical stance or a school of thought that provides a store of sensitizing concepts, and the researcher’s own personal experiences, priorities and values as indicated by Pidgeon (1996, p. 82).

The questions posed have broad implications and as Strauss and Corbin (1998) suggest, employing qualitative methods involves peoples’ lives, lived experiences, behaviours, emotions and feelings as well as their organizational functioning, as well as social movements and cultural phenomena and, as such, suited the research needs of this study.

The data were gathered from fourteen practitioners and/or professionals currently active in the field of natural medicine. Guided by Walsh (1998, p. 227) the participants were ‘selected on the basis of their particular value to the investigation’.

The choice of which informants was ‘... driven by a conceptual question, not by a concern of representativeness’ (p. 29).

Evaluating the rationale for grounded theory Pidgeon (1996, p. 79) offers:

... a theory or piece of research is well grounded for example, in data, in participants’ accounts and life-worlds in multiple subjectivities ... occurs frequently within qualitative social science as a rhetorical statement to signify the merits of a piece of work.

I have sought in this work to tell the story of the increase in the use of natural medicine through the words and perceptions of leading practitioners in the field. The narrative that developed was very enlightening. As such, the approach has some similarity with narrative psychology as defined by Murray (2003, p. 95):

... narrative psychology is concerned with the structures, content, and function of stories that we tell each other and ourselves in social interaction. It accepts that we live in a storied world and that we interpret the actions of others and ourselves through the stories we exchange. Through narrative we not only shape the world and ourselves but they are shaped for us through narrative.

The narrative that flowed throughout each exchange was story rich, full of vibrant discussion and reflections on events that spanned many decades. As the stories spoke about the life and times of the participants, relevance was maintained as each member focused on their role in the natural medicine movement.

The cohort

All participants have been active within the profession for between ten and fifty years, with an average of twenty five years. Each person brought his or her own unique understanding of events that have contributed to the swing toward the use of natural medicine and therapies, and current challenges in the field. As a member of the profession I do not allow my story to be told during the main chapters. I offer my opinions in the concluding chapter.

The reason for the selection of participants is that they have been primary participants in the evolution of natural medicine over the last fifty years. I approached these

professionals to ascertain their willingness to participate. All agreed to participate and all agreed to be named in the research although the University Ethics Committee suggested their names not be revealed in the body of the thesis. Due to their individual standing in the field and because of the opportunity the study provides to value their contribution and leadership it has been decided to include their names in the portrait chapter — but not to include identifying information in subsequent chapters. Consequently, at no time are names associated with comments in these chapters, maintaining the anonymity the Ethics Committee required, although no participant was in any way concerned about their identity being exposed.

Further the participants were chosen because they are highly experienced in the field of natural medicine. Denscombe (2003, p. 187) offers ‘the key players are picked out precisely because they are specialists, experts, highly experienced — and their testimony carries with it a high degree of credibility’. This cohort falls into this description.

All the participants were active within the natural therapies profession at the time of the interviews being conducted and had played a powerful and effective role. Each saw their role more as a vocation rather than a profession. A common definition of vocation is ‘a calling’ to a way of life and it was this calling that became evident throughout the interviews.

The group was comprised of eight men and six women with the men ranging in age from approximately 45 to 69 years and the women ranging in age from 43 to 80 years of age. The majority of the group were practitioners and played an active role on the political front, had been very active in the formation of or participation in associations where they have led major changes.

The following chart illustrates the roles each participant has played:

Participant	Educator	Practitioner	Corporate	Small business	Active in association	College owner
#1	√	√		√	√	√
#2			√			
#3					√	
#4	√	√		√	√	√
#5	√	√		√	√	√
#6	√	√		√	√	√
#7	√	√		√	√	√
#8	√	√		√	√	√
#9		√		√	√	
#10	√	√		√	√	√
#11	√	√		√	√	
#12	√	√	√		√	√
#13	√	√	√	√	√	√
#14	√	√		√	√	

Table 4.1 Participants involvement in the profession

An analysis of the chart clearly identifies the similarities between participants and the roles they have played in their careers.

As participants offered opinions in response to the questions posed to them in the study it became very clear that each one held strong emotional ties to the profession of natural therapies and this had not waned over many decades. Their vibrancy and passion was exciting to see and to share.

The participants were introduced to the research questions and the title of the project. I contacted each of them by telephone and explained that I wanted to document their opinions due to their invaluable contributions over the years and that through the research their experience and guidance could combine to help shape the future of the profession. I also suggested that their opinions could serve as an historical document. Maunders (2002, (p. 130) suggests that one of the four major categories relevant to social science is participants' experiences and outcomes. 'Participatory experiences

and outcomes include memoirs and autobiographies, though graduate researchers are well advised to look beyond their own experiences for data'. Looking beyond my experience and drawing on the *collective wisdom* from this group assisted me in the process of this project.

The way the interviews would be conducted was discussed and I explained that I was interested in seeking a face-to-face interview wherever possible.

Formalising the time for and conducting interviews

I was mindful of the advice offered by Holstein and Gubrium (2003, p. 19) ... participants have different functions: one side asks questions and records information, and the other side provides answers to the questions asked. Procedurally, the matter of control is centred on keeping these functions and their role separate.

The participants are all very busy people yet they were generous in organising their busy diaries. In addition, they were located in South Australia, New South Wales, Victoria, Tasmania and Queensland. I travelled to each area to conduct the interviews. All participants were eager to participate and only one interview was conducted by telephone. This was due to a very heavy clinic schedule and time could be allocated to a telephone interview whereas a face-to-face interview would have been restricted due to flight times not coinciding with the participants' availability. Although members of the group were known to each other in their professional lives they did not know who formed the cohort.

During the interviews there was a sense of thought-provoking openness and generosity of opinion which was common to all participants. Opinions were very direct as if they had been thinking about some of the points raised.

The order of the interviews was determined by flight times and diary vacancies. The interviews were conducted in hotel rooms, board rooms, offices and private houses. These locations were very successful and enabled an opportunity for a conversational approach where both parties were relaxed. There were no interruptions during the interviews and this allowed for free flowing information providing an additional strength to this work.

The interviews were semi-structured and exploratory (Oppenheim 1992), following pre-determined themes and questions, as well as exploring new issues that arose in the interviews. Patton (2002, p. 341) offers ‘the purpose of interviewing ... is to allow us to enter into the other person’s perspective’. As I considered the perspectives of the cohort to be meaningful, Patton further suggests:

... qualitative interviews begin with the assumption that the perspective of others is meaningful, knowable, and able to be made explicit. We interview to find out what is in and on someone else’s mind, to gather their stories.

I developed an interview guide. This guide followed the points raised by Patton (2002, p. 343):

... an interview guide lists the questions or issues that are to be explored in the course of an interview ... [it] is prepared to ensure that the same basic lines of inquiry are pursued with each person interviewed.

I provided the participants with a copy of this guide when I commenced the interviews and with the one telephone interview I posted the guide to that participant prior to the interview being conducted.

The interviews were conducted as a one-to-one and as Denscombe (2003, p. 168) suggests:

one reason for its [one-to-one interviews] popularity is that it is relatively easy to manage ... only two people’s diaries need to coincide ... the opinions and views expressed throughout the interview stem from one source: the interviewee ... this makes it fairly straightforward for the researcher to locate specific ideas with specific people ... are easy to control ... one person’s ideas to grasp and interrogate, and one person to guide through the interview agenda.

Generally each interview lasted about an hour, while a few lasted considerably longer. The generosity of each of the participants allowed for whatever time was needed to complete the task. The fact each interview was conducted as a one-to-one provided focus that may have been lost if more than one person was present with each interview.

Data collection

The journey into the interviews commenced in the same way. I indicated I would like to make notes throughout the interview and requested permission to do this as the information would be used as ‘field notes’. I took on the suggestion of Boulton and Hanmensley (2006, p. 249):

... included in the field notes may be the researcher’s personal feelings about what has been observed or about his or her role ... these will usually be recorded in a way that marks them off from the observational record. Apart from its value in indicating possible sources of bias in the data, [there is] reflection by the researcher on her or his own experience. The setting may also facilitate the process of understanding the people being studied.

At the start of the interview I was aware of the advice offered by Denscombe (2003, p. 180):

...ask respondents, in a general way, about themselves and their role as it relates to the overall area of the interview. This allows the researcher to collect valuable *background information about informants* while, at the same time, letting informants start off by covering familiar territory.

Each interview began with ‘Thank you for taking the time out of your busy schedule. Could we start by my asking when and why you became involved in natural medicine?’ This question was meant to be open-ended as this allowed the interview to start by calling on information in relation to their personal journey before moving on to their entrance into the profession and the role they played in natural medicine.

Respondents were very articulate and animated, enjoying the opportunity to talk about their passion. There were no quiet or reflective times within the interviews, in fact each question brought on a new vibrancy.

It was very important to let the respondents flow in and out of the questions as it was essential to allow as much information to be offered as themes would be developed from these encounters. This approach was very useful as the emerging opinions and stories created a rich tapestry of information. It was difficult for me to hold back my

excitement as I listened to the responses and could almost feel the words pass in front of me and be sucked into my tape recorder with excitement and enthusiasm.

Although I worked from a list of questions that I shared with my participants, stories developed and emerged that I felt would be very important when I commenced the writing phase of the thesis resulting from these interviews. Comments that were listed in the field notes would help with writing the portraits that form chapter two. Also as some responses intertwined with later questions, a note was made to link these important comments.

This style of interview worked very well with this group. They held firm opinions and were willing to share them and volunteer to expand on them without seeking permission. Their passion for the subject matter was infectious and common to all. Although the information took on an interesting and, at times, wayward journey I could sense themes developing and at no time wanted to stop and bring the interview back on track. I eagerly accepted this information and made notes to direct me to these comments at the time of transcription.

Some of the participants were very eager to share literature, articles and books they had written and wanted to give them to me to help me gain an understanding about their journey and to provide authenticity to their opinions. I accepted these documents for reading and review and some of this information is drawn on within the thesis.

All interviews were recorded on a portable digital recorder and a new set of batteries was used for each interview. The use of the digital recorder avoided common tape problems that develop with the older style recorders. I also took notes throughout the interviews where I felt the information supplied could lead into areas I may want to investigate at a later time and include in these chapters. I was mindful of the advice offered by Denscombe (2003, p. 181) 'the researcher should write down as field notes any impressions he or she might have about the situation'. A set of diary notes were written following each interview and additional notes were added as the stimulating subject matter constantly floated around my brain, sometimes at very inconvenient times. Yellow sticky notes provided a platform to record thoughts as they sprang up and required to be noted down lest I forgot them.

The participants all agreed to have the interviews recorded and none asked for any sections to be confidential, in fact, quite the contrary occurred. All participants were eager to have their voices heard.

One thought that kept springing up was ‘how do I put all this into a readable format?’ My self-talk suggested I would provide a header for main topics which in turn would help me sort through the copious amount of notes and find some clarity and order. As I conducted more interviews I became engrossed in the information I was exposed to and could start to see chapter headings with key themes and linked information emerge as the responses to questions started to build the narrative around my research question.

During the interviews I was mindful that I have participated in discussions about some of the issues I was asking questions about and was very careful not to get into personal opinions or to lead the discussions that emerged from the questions. At times I was excited by the responses as I was privy to comments from previous participants and could see emerging themes developing that were extensions from the original questions. I was certain these comments would enhance the finished document and acknowledge the wonderful contributions that were being offered. Bailey (2007, p. 127) suggests ‘do not believe that insights *emerge* from the data’, however, in this case I can testify that is exactly what occurred.

Analysing the data

The recording of each interview was transcribed and coded manually by me, in order to develop a feel for the information supplied. Two approaches to data analysis were used simultaneously. The research questions formed a framework for qualitative analysis of the transcripts, using a matrix display (Miles and Huberman, 1994, p. 240). The matrix is filled in with emerging themes and this allowed me to track themes and crossover information between the participants. In this way I was able to literally see emerging themes and develop a structure that would form chapter headings and relevant sub-headings that would become topics within chapters.

Responding to the primary research question the answers were quite consistent. Denscombe (2003, p. 187) suggests that when looking for themes emerging from a number of interviews:

... a recurrent theme in interviews indicates that the idea/issue is something which is shared among a wider group, and therefore the researcher can refer to it with rather more confidence than any idea/issue which stems from the words of one individual.

At the same time, I searched for additional themes and analysed these themes as they became 'explicitly emergent' (Dick, 2002). This part of the analysis was conducted using the basic principles associated with grounded theory (Glaser, 1998). The grounded analysis suggested additional issues that were seen as significant by the participants.

Working with the known phenomenon that the use of natural therapies has increased significantly since the 1970s Strauss and Corbin (1998, p. 23) offer that:

... [grounded theory is] inductively derived from the study of the phenomenon it represents. That is, discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon. Therefore, data collection, analysis, and theory should stand in reciprocal relationship to each other.

The general research question suits grounded theory as supported by Henwood and Pidgeon (2003, p. 131):

... grounded theory studies are often prompted by quite general research interests at the outset ... and from there arriving at insights and explanatory schemes that are relevant to ('grounded in') real world problems, a previously unresearched topic area, or both.

Transcription, coding and themes

Denscombe (2003, p. 183) offers transcription '... is also a very valuable part of the research because it brings the researcher 'close to the data'. The process brings the talk to life again, and is a real asset when it comes to using interviews for qualitative data'. Within the documented transcripts I highlighted information about the participants that would identify similar experiences or activities to each other. The following identity code was used:

EDU	Educator
PRAC	Practitioner
PRAC/EDU	Practitioner and educator
POL	Political activist
ASSOC	Key player within an association
BUS	Small business owner
COL/O	College owner
CORP	Corporate

Further codes were required as the information offered throughout the interviews needed to be placed in order. I employed NVivo 7 and transferred all the transcribed files and moved through the NVivo 7 program searching for common themes that emerged from the files. Further topics were detected and these were then placed in a file where major headings were sought to provide a framework to develop the plan for the thesis and each chapter.

As indicated earlier I was placing information within a matrix display. I found the advice offered by Miles and Huberman (1994, p. 242) particularly useful ‘it is always helpful to start with a quick scan — a ‘squint analysis’ down rows and across columns to see what jumps out. Then verify, revise, or disconfirm that impression through a more careful review’. The matrix process simply offered a way ‘...to partition data’ (Miles and Huberman, 1994. p. 240). As the themes and patterns developed, I processed the data several times, moving the matrix around.

The process of analysing the data was an extraordinary experience as the comments provided by the group had many similarities yet at the same time some were unique and extremely thought-provoking. One particular aspect that was most intriguing was the backgrounds of the participants. One was training to be a priest, another was a university student studying law and there was a queen of the Romany gypsies, a son of a leading pharmacist, a teacher and an actor within the group. This diversity is demonstrated in chapter two, the Portraits.

The tapes were very clear and as the transcripts were typed a line number was inserted. This created a way for me to locate data and recall points of interest in the document quickly.

Constant comparison between transcripts was conducted. As Pidgeon (1996, p.78) suggests ‘the method of constant comparison defines the primary analytical task as one of continually sifting and comparing elements ... throughout the lifetime of a research project’.

As data analysis occurred codes began to emerge as the participants offered their stories. The very first question provided an avenue for the codes to be established. Coffey and Atkinson (1996, p. 27) suggest that ‘codings link different segments or instances in the data ... bring those fragments of data together to create categories of data, that we are reliant as having some common ... element’. The same authors extend on this thought and state that ‘coding should be thought of as essentially heuristic, providing ways of interacting with, and thinking about, the data. Those processes of reflection are more important ultimately than the precise procedure and representations that are employed’ (p. 30). The process of reflection was one that became an integral part of this work.

Seidel and Kelle (1995, p. 52) suggest that ‘codes represent the decisive work between the original raw data, that is, the textual material such as interview transcripts or field notes, on the one hand, and the researcher’s theoretical concepts on the other’.

Pidgeon and Henwood (1996, p. 93) offer ‘the exercise of coding to explore similarities and differences is basic to implementing the method of constant comparison on which grounded theorists rely’. This constant comparison was exciting as the opinions forming the *collective wisdom* of this group emerged.

Going through the transcripts exposed the codes I could use to link with the questions and headings in order not to overlook any important information.

To commence the writing of the thesis an analysis of the collected data was required in order to align themes. These themes would help develop the chapters and provide relevance to major headings.

In response to the primary research question Why the increased use in natural medicine?, themes that emerged over and above the general questions were:

- Dissatisfaction with doctors
- Public awareness about health and well-being issues
- Public interest in all things natural
- Fear of pharmaceutical drugs
- The role of the media
- Adult education increase
- Role of the counter culture
- Role of pharmacy

As an extension of these responses further data were collected in relation to the remaining questions posed within the interviews. Collectively these responses exposed the themes that would make up the thesis and allowed me to place the data into a collection of relevant topics.

It was of interest that themes became recurrent. As indicated previously, Denscombe (2003, p. 187) suggests that when looking for emerging themes from a number of interviews:

... a recurrent theme in interviews indicates that the idea/issue is something which is shared among a wider group, and therefore the researcher can refer to it with rather more confidence than any idea/issue which stems from the words of one individual.

The thesis

Writing up involves a blend of interpretation, craft and convention aimed at producing a formal record of the research which can be evaluated by others. At one and the same time it is a creative enterprise and an activity constrained by convention.

(Denscombe, 2003, p. 285)

This thesis is presented in a style that makes it interesting to people who are engaged in natural medicine and eager to know the role the participants had played and continue to play in relation to the acceptance of natural therapies. Denscombe (2003, p. 286) suggests that ‘differing audiences have differing expectations when it comes to reading the research, and the researcher needs to decide how to pitch the account of

the research ...'. In addition the information offers the voice of the *collective wisdom* of this cohort to future practitioners as an authoritative guide for the profession.

Regarding the acceptance of the practice of natural medicine, the profession is at a major crossroad. Many decisions must be made and the thoughts and opinions expressed in the thesis may serve as a guiding light to the present day decision makers.

As I hold an executive position in a natural medicine association I was mindful not to offer any opinions throughout the interviews that would in any way affect the participants' responses to any of the questions.

Validity, reliability, accuracy and credibility

The data and the methods adopted have proven to be correct for this project and address the validity requirement of good research. Denscombe (2003, p. 301) outlines 'validity means the data and the methods are right. In terms of research data, the notion of validity hinges around whether or not the data reflect the truth, reflect reality and cover the crucial matters'. The project meets this standard.

A further distinction in relation to validity is offered by Miles and Huberman (1994) as they define the term *natural* validity as 'the idea that the events and settings studied are uncontrived, unmodified by the researcher's presence and actions' (p. 278).

Using the concept that the researcher is the instrument (Miles and Huberman (1994) I am confident that the research offered is valid and reliable. I assessed myself against the key markers, offered by Miles and Huberman (1997). They suggest that the researcher should have some familiarity with the phenomenon and the setting under study, have a strong conceptual interest, adopt a multidisciplinary approach and have good investigative skills.

I assured accuracy in reporting the participants' responses by drawing direct quotes from the transcripts at all times.

Credibility was established as the cohort offered unmatched expertise in order to offer responses to the posed questions. Marshall et al. (2006) offer 'many research studies

have a historical base or context, so systematic historical analysis enhances the trustworthiness and credibility of the study' (p. 119). The cohort offered the historical base upon which to provide credible responses to the questions offered.

Conclusion

This chapter has described the methodology and methods selected for this study. The data that forms the body of the work will provide information to the broader profession of natural medicine. The study has produced wise counsel for the future of the profession and may be useful as the current participants in decision-making roles face the future, steering the profession through the crossroads of dynamic change.

Chapters five to eight address key issues that developed from the initial questionnaire and discussions that extended from these conversations around the main topic of the thesis; increased use of natural medicine. In chapter five the themes focus on the media, adult education, dissatisfaction with doctors, the role of the counter-culture, self-diagnosis and the role of pharmacy. Chapter six focuses on nomenclature while chapter seven addresses the impact of commercialism and chapter eight seeks the views from the cohort on the contested subject of statutory registration of the field.

Chapter Five

Increased use of natural medicine: views from the field

Introduction

All of the participants had definite opinions about why there has been an increase in the usage of natural therapies over the past thirty years. Harland & Finn (1990, pp. 1-2) agree. 'The light at the end of the tunnel comes from the general public who increasingly use natural medicine and support the freedom to buy products and visit practitioners'. The same authors describe public enthusiasm for natural medicine:

'... our world is changing. It is not by any means a rosy picture. The politics of orthodoxy continue to threaten natural medicine, yet in the same breath, public enthusiasm for natural medicine is growing and promoting the cause. Practitioners are no longer voices in the wilderness' (p. 4).

More recent support that the use of natural medicine is continuing to grow is offered by MacLennan et al. (2006) and Xue et al. (2007) who indicate that there is a substantial growth in the use of complementary medicine and note that Australians are spending around \$1–2 billion nationally and that approximately two-thirds of the Australian adult population are using at least one natural medicine product annually and paying for them.

Although there is support for the increased use of natural medicine each participant drew on their personal and professional experiences, making their comments very useful. Their explanations included references to:

- The media
- Adult education
- Dissatisfaction with doctors
- Role of the counter culture
- Self diagnosis
- Role of pharmacy

Together they illuminated a complex set of cultural, social, educational and other factors that have interacted over the last three decades. This chapter presents the insights and ideas of the participants in relation to why, and how, natural therapies have moved from a marginal position to a more mainstream position in terms of acceptance and usage by all parts of the community. Each section in this chapter includes commentary drawn from the cohort of interviewees.

The media

The media has played a significant role — both negative and positive — in creating the ‘field’ as such. Sherwood (2005, p. 267) offers that:

...most people do not read scholarly books or journals, and seem to rely on the electronic and print media to provide them with details and opinions of local and world events. So reliant has the public become on these information services that newspapers, radio and television reports seem to be naively and widely accepted as being unbiased and truthful. This places great power in the hands of the media, and allows it to shape public opinion.

Evidence considered in this study suggests strong points of agreement between professionals and consumers of natural medicine about the determining factors in increased usage of natural medicine. Interestingly both these long term professionals and the growing numbers of consumers seem less dependent on knowledge of research findings and long term, large and scientifically based studies to support their joint participation in the growth of natural medicine than on other factors.

Naisbitt (2006) adds a different view as he suggests the media reports in local papers of research findings influence public opinion.

Sherwood (2005, pp. 270-71) further suggests a positive outcome in relation to the role of the media and natural medicine. He adds:

... by relying on TV news and current affairs reports, many people may be shaping their social and political perspectives through their emotional reactions to such limited reports. However, this appears to be working in favour of natural medicine, to the detriment of biomedicine ... the TV programmers have identified the increasing public interest in natural medicine, and they frequently accommodate this interest. The role of the media is one that has played an important role.

Many of the comments from participants were very brief, but straight to the point and have been included as they are considered relevant to the question. Some comments in relation to the role of the media were scathing:

The media will play on anything that will sensationalise for the better or worse and no one knows that better than myself.

The media were more to our detriment.

In the early days ... our press was not good ... the only press we got was when there was a major problem or crisis.

The growth has not been so much from media, which tends to be sensationalist whenever there is a mistake.

Other participants spoke about the positive result that stemmed from the negative media about conventional medicine:

Let's face it, every time there was negative publicity our patient [numbers] increased and sales as well.

... the media kept on reporting on the dangers of biomedicine so people were looking for a safer alternative for their children and it was only good publicity for natural medicine in the long run ...

I think even adverse media reaction is actually positive because it stimulates talk, it stimulates people's minds, they think about it and I believe people can make their own decisions, even though the media may report something bad, I still think it is positive in many ways because people think.

The Australian media has influenced public perception about Australian medicine ... this influence appears to have increased the popularity of natural medicine ...by relying on TV news and current affairs reports, many people may be shaping their social and political perspectives through their emotional reactions to such limited reports. However, this appears to be working in favour of natural medicine ...

Others found that media appearances helped them establish themselves and their businesses:

I wrote an article for a newspaper ... it was controversial about diet and a link to disease ... I gave a talk and to my surprise it was standing room only.

Radio is the thing that made me ... I got onto a popular radio station by accident...and my reputation was made from that point ... I had an audience in no time ... the same thing happened for a lot of us.

On the whole the participants thought that the role of the media, in facilitating the growth of natural therapies/medicine was both positive and negative. Some commented that the media seemed to work best when the participant became an active contributor, such as on talk-back radio and writing articles that were published in newspapers, magazines and journals. Sherwood (2005, p. 272) offers:

Radio has proven to be another fertile ground for natural medicine. Radio talk-back programmes based around a natural medicine practitioner are now commonplace ... during the 1980s and early 1990s the practitioners on these talk-back programmes would regularly receive hostile calls from supporters of biomedicine, but the practitioners soon became adept in dealing with them.

One participant who was a key player in many aspects of the media commented:

The public really wanted to know what it [natural medicine] was all about ... there was public and political interest ... newspapers, talk-back radio and television approached me, I did not approach them.

However, the public was acknowledged by one participant as being able to make up its own mind even in the situation of adverse media reporting:

I find the Australian public very pragmatic ... they sit and listen and then they go home and give it a go and see if it works and if it works nothing and nobody is going to change them away from that ... once they start getting improved health which we know they will get with this type of medicine ... not only medication but this attitude to health ... the public have embraced this type of medicine.

It is interesting to note the contradictory perceptions of the role of the media. In the words of one participant, it has been 'like a two-edged sword': at times conveying the conservative message of the medical establishment (which mainly resists natural medicine) and at other times sensationalising negative stories. At the same time, local

and talk-back media have publicised people's stories and given practitioners a public, positive voice.

The following comment by Sherwood (2005, p. 271) is offered as it conveys the essence of the role of the media:

As TV appears to encourage the making of judgements, the viewers have the choice of believing either the negative message of the doctor and the scientist, or the positive stories of the three ordinary people [Sherwood suggests that usually three ordinary people are interviewed in relation to media stories about natural therapies]. The negative arguments of the doctor and scientist are usually accompanied by stern and serious faces, middle-class accents, dark suits and complicated technical words. The three ordinary people, contrastingly:

- Are usually easy to understand;
- Smile a lot because they are happy with their new health status;
- Usually wear casual clothes; and
- May be accompanied by their spouse, children or dog.

Natural medicine usually seems to win these public debates. It seems that such activities have enhanced the public perception of natural medicine.

Adult education

Adult education has played a vital role in the increased usage of natural medicine. Many aspects of education from consumer participation in self-education about health related matters, to attending short general interest courses in natural therapies were referred to by the participants.

Of interest is the interconnection between the participants as they themselves participated in adult education within the field of natural medicine. Each is woven within the complex tapestry of education. They were drawn together around very few educational facilities and their paths crossed through their participation in training programs.

Their comments took the researcher on a journey starting immediately post Second World War and propelled the discussion into the twenty-first century and the use of the Internet. Commentary included such subjects as consumer questioning leading to a community more informed about all healthcare services, comments about

discontentment with some service providers, the role of the middle class and its level of education:

I think you have to tie it in ... this social critique that after the second world war we had a generation of people that were much better educated ... most of the people in the counter culture were basically middle class with good education ... that it has been education that has fuelled the fire of discontentment in the western world and pointed the finger at the frailties and hypocrisy within mainstream medicine.

The average consumer of complementary medicine is still fairly well-educated, middle class, white ... and these people tend to be prepared to educate themselves better ... they just do not accept somebody's word; they will go onto the net and research this product that they have been given for their particular ailment ... and that is an educated choice they are making.

There was a greater level of education in the community; with education came questioning.

Some participants recognised the role of 'general interest' courses that led to the increased popularity of natural medicine. The focal point of adult education veered away from the use of natural medicine to the passage into professional training:

Adult education is a wonderful thing because it encourages people to look at their health.

I think the general interest courses, the short courses are all a wonderful medium leading to doing a more structured professional program that they [the student] want to make a career of ... they were there for themselves, for their families, their friends and just because they wanted a better system of medicine ...

One participant commented on the increase in academic standards in the education of the practitioners playing an influential role in the increased usage of natural medicine:

First of all I feel it was the increase in academic standards, resulting in a more professional and educated practitioner which in turn helped to raise the profile of the profession ...

The subjects covered in relation to adult education are very broad, yet it appears that education played a major role in the increased popularity of natural medicine and the

development of the profession. Consumers became interested in the field and extended that interest into becoming practitioners on the one hand, while others became educated about the efficacy of the products and services.

Dissatisfaction with doctors

Each participant indicated that the medical profession and the way it delivered its services played a significant role in the increased usage of natural medicine by consumers. While some offered a benign view, others were quite critical with their comments.

The nineteenth century saw the introduction of scientific medicine. Respected authors such as Crellin and Ania (2002) posed the question ‘Why is the consumer turning away from this very scientific medicine and seeking less scientific and more humane types of treatments?’ The participants in this study offered several answers. These opinions included fear of orthodox medicine, lack of communication, dissatisfaction with doctors, an authoritarian approach by doctors and the loss of the role of family mentor of the general practitioner as primary reasons for the increased popularity of natural medicine:

One of the reasons was, and remains is the factor of people’s fear of orthodox medicine ... I think that remains one of the major contributing factors to the growth of complementary medicine ... the family doctor has lost the role of being a mentor to the family.

It was due to what they got from us and what they did not get from doctors that helped us.

I think society in general has moved away from that position of first point of call to the doctor ... we have witnessed it with a whole lot of social institutions and I think complementary medicine fills that void to a large extent ... so we have a combination of people needing the care and attention and a fear of the outcome of orthodox medicine.

People came to naturopaths through dissatisfaction with doctors; this era was the 1950s and this trend continues.

Reference was made to the results achieved through natural medicine and the fact consumers are willing to pay for treatments and medicines out of their own pockets as supporting reasons for the success of natural medicine:

The public has adopted this type of medicine ... orthodoxy states we are an uneducated lot of rabble and should be put down but they have a lot of trouble because the public knew it was not so ... if we were quacks and charlatans we would have been buried decades ago ... the public would not have kept coming and paying with their own money willingly.

Reference was also made to the time spent with, and the nurturing offered to, their clients by natural medicine practitioners:

When they [the public] found they could sit and talk to us about anything for an hour this was of great interest to the public.

They are looking for that nurturing and caring; only our lot can know the difference.

An important comment was made in relation to the demise of the general practitioner as the family doctor being a contributing factor in the swing toward natural medicine and discussion included the integration and use of both fields of medicine:

*The failure of orthodox medicine to be wholistic in its approach was the demise of the GP in terms of his practice of being the family doctor ... actually it is the demise of the family doctor more than the demise of the GP has given rise to the alternatives and people are saying if I get cancer I will go to the doctor **and** [stressed] go to the naturopath.*

Another participant took a view that spanned the past twenty-five years and included iatrogenic illnesses, surgery failures and other factors that have contributed to the popularity of natural medicine and further reference was made to the 'user pay' system that is evident in the field of natural medicine:

I am looking at the past twenty to twenty-five years. The public to some extent has become disenchanted with allopathic medicine and this is obvious from the fact that iatrogenic illnesses, surgical failures, drugs and their side effects and the general inability of allopathic medicine to offer and maintain quality of life for older people and chronic disease, has induced the public to seek out alternative medicine as a very viable option ... the people are voting with their hip pocket.

The claim that the public is seeking safer alternatives was further supported by the following statement:

The drugs and surgery approach of biomedicine has proven to be disastrous for the Australian population with over 300 Australians accidentally killed every week with countless thousands maimed, injured and otherwise buggered up by doctors each week that these countless thousands of families are aware of this and I am seeing people seeking a safer alternative.

One participant suggested looking at the individual consumer who turned to natural medicine:

I think you have to look at the individual consumer and ask why the individual consumer started to use our services. Certainly discontentment with medicine is a factor ... post thalidomide then enormous attention was placed on talking about adverse reactions to drugs.

The general consensus appeared to indicate a feeling that the consumer requires both fields of medicine, allopathic and natural. Yet the feelings expressed by the participants demonstrated that the consumer held a certain fear of allopathic medicine and felt they were not being treated with care and attention, yet natural medicine practitioners took the time to focus on the needs of their clients. The client, feeling supported and cared for, has been a major contributing factor toward the increased popularity of natural therapies.

It should be pointed out that many general practitioners are concerned about the biomedical model they find themselves working in. Dr Michael Ellis (2007) offers:

... 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 realising 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.

Role of the counter-culture

Without any leading questions, two participants referred to the counter-culture playing a significant role in the increased usage of natural medicine:

It was the confluence of all the influences of the counter-culture movement that further popularised natural medicine in the West, and set it on its path to its current position. It is ironical that ... the counter-culture movement sought to be self-reliant and act independently of governments ...

I think there was a whole socio-politico-economic sort of thing involved ... we see a lot of things happening and the counter-culture, like all great movements, has now largely disappeared, but nevertheless, a major event in my opinion ... looking at the Western World and alternative politics went hand-in-hand with alternative medicine, and I think on reflection, will be seen as the greatest stimulus for accelerating this latent interest in natural medicine. The counter-culture was made up of essentially middle class, well educated people with the ability to criticise and analyse a lot of what was going on in mainstream society, politics and medicine. From the counter-cultural movement we saw a rising up against the monolithic and monopolist university structures and this can be seen as a reflection of that society with the counter-culture attack on the bourgeois, class-based, monopolistic society. Alternative medicine came out of the counter-culture and you started to see the emergence, paradoxically, of professionalism, which was to represent the graduates of this alternative structure. No young people today can even relate to the excitement, the breaking down of the barriers, a freeing up of things.

During the era of the counter-culture communes natural medicine became popular and one participant referred to this link:

Healing became popular as communes sought to become self-sufficient in health. Emphasis was placed on the planning of balanced diets and particularly to cater to the needs of the many vegetarian diets ... natural medicine practices within the communes evolved rapidly ... massage, meditation and herbal medicine was widely used.

The era was the 1970s and two participants independently indicated this era was one of major change:

It was the seventies. People were very much involved in change ... they wanted to be involved in change ... they wanted to be involved in natural things, they got involved in natural medicine, setting up co-ops, growing organic food ... over time this has changed everything because the influence on their children and the way they think ...

the way they reacted to society and doctors in general is enormous. It helped with the acceptance of natural medicine ...

The seventies following on from the flower children of the sixties with Junie Morrisey and Jim Cairns dancing on the banks of the Cotter River in Canberra stark naked playing a flute gathered momentum and stimulated some interest ... it brought a focus on all things natural.

It appears that the 1970s provided an avenue for the movement toward 'all things natural' and enabled them to flourish. Naisbitt (1982, p. 133) comments on the era:

When we entered the 1970s without the long-promised cure for cancer, people began to question the omnipotence of science. It was during the 1970s, of course, that interest in diet and nutrition soared.

Word-of-mouth

Word-of-mouth was indicated as playing a positive role in the increased popularity of natural medicine. Once the consumer used a product or reported they were happy with a particular practitioner they clearly told family and friends. The success of the treatments was considered to be the catalyst for word-of-mouth advertising:

I think it is word-of-mouth that spread it ... people try one [a practitioner] and they become converts due to a successful treatment and they talk to everyone about them.

People were looking for other answers and it was the success of the natural therapies that were being used was the reason for the significant increase in usage.

Word-of-mouth goes through the community and neighbours talk; friends talk; and I think it changes the attitudes of people and people say things, tell you things. I think word-of-mouth is an enormous way of helping complementary medicine grow ...

You go to a practitioner because a mate went there, not because there is a big ad in the paper. At the end of the day the bulk of our patients come from word-of-mouth ...

Word-of-mouth clearly played a significant role in stimulating interest in, and the use of, natural medicine as the consumer became disillusioned with allopathic medicine and sought out other options. Confidence in the practitioners within the field of

natural medicine grew quickly as the consumer was offered time, caring and the use of medicines that are traditionally safe. This was, and is, in contrast to allopathic medicine where time is limited and the medicines prescribed are complex and, at times, quite dangerous with side effects that are often not recognised until multiple reports are gathered from sick consumers.

The allopathic medical model centres on a combative method, while the natural therapist focuses on prevention. Lindlahr (1975, p. 5) supports the combative claim:

There are two principal [principle] methods of treating disease. One is the combative, the other the preventive. The trend of modern medical research and practice in our great colleges and endowed research institutes [Lindlahr is a medical doctor], is almost entirely along combative lines, while the individual, progressive physician learns to work more along preventive lines.

Self-diagnosis and self-prescribing

Natural medicine is broken into two sections, ingestible and tactile. It is the ingestion of medications that this question focused on. With the adverse reactions to nutrients and herbal medicines reported by the media, it was of interest to seek out the responses from the *collective wisdom* of the participants.

The group had various opinions about the availability and consumption of products. These comments ranged from a consultation being preferred in order that the consumer would be put on the right track, to the other end of the spectrum where the consumer's democratic right to choose was noted. Additional comment was provided that differentiated between conditions from common to the more serious where the reliance on a consultation would be necessary:

I think that to have that consultation would be doing yourself a great favour ... it puts you on the right track.

One participant mentioned the general level of intelligence of consumers and the link between public education and natural medicine use:

There are some intelligent consumers out there and they are quite well-served by doing just that [self-prescribing] ... a well informed public is very supportive of naturopathy. To support this, a practitioner from Albury Wodonga back in the late 80s out of a population of say 120 000 he had 30 000 patients on his books. He achieved

this by holding regular public meetings and informing the public about product and services. When he was told he was crazy and that the public would go off and self-prescribe he commented that by telling people what to do and then letting them go and try for themselves stimulated an interest and when problems developed they quickly came to see the expert. He educated his clients in self-diagnosis ... he built his practice by empowering his patients and encouraging them to self-diagnose ... I think that is a perfectly legitimate and honest approach.

The right to choose and interpret one's own health initiatives was offered by two participants:

People have always taken health initiatives and of course the 'professional', whether they be a professional herbalist or medical practitioner, always forever puts up their hands in horror and talks about the dire consequences and problems associated with this. I think there are many dire consequences and problems associated with people seeing professionals about their health, naturopathic or medical ... I do not share the great concern ... I think most people have the right to interpret their own health needs and requirements ... by going to a health food store they are motivated by their own wanting to participate and contribute to their own health care.

It is a fundamental right of our culture. The day that a person could not self-diagnose non-limiting conditions that is the day democracy has disappeared ... I have a right as a parent ... if my child needs a Panadol I have the right to walk into Coles and choose to buy it ... but I am horrified from time to time when I hear a person has a life threatening condition and self-diagnosing ... I plea with that person to go and see someone ... the over-the-counter pharmaceutical industry is called the Australian self medication industry — it is built on self-prescribing and for limited non-threatening conditions, it is OK ...

The same participant commented on the fear of the consumer making mistakes and the cultural trend toward self-prescribing, while another alluded to the fact that generally most products that are available are safe, anyway. Concerns were offered by yet another participant:

There are big dangers here with self-diagnosis and an example could be; a middle aged fellow comes in and has a bit of indigestion and somebody sells him tablets for indigestion and he is having a heart attack. This is where the danger lies.

One participant tied in the link to adult education and the trend toward attending short courses which provided information that assisted the consumer to be informed:

I think it is a wonderful thing what people do, they go to these short courses ... and they get enough information to look after their health generally speaking.

Drawing from the comments it appears the general opinion finds the consumer is often well-educated and able to make sensible and rational choices and, in fact, it is their democratic right to do so.

It is of interest to note the era this work identifies with is the ‘self-help era’ where consumers have demonstrated their wish to take control and responsibility for their health. Naisbitt (1982, p. 131) offers:

For decades, institutions such as the government, the medical establishment, the corporation, and the school system ... were buffers against life’s hard realities — the needs for food, housing, health care, education — as well as its mysteries — birth, illness, death. Slowly we began to wean ourselves off our collective institutional dependence, learning to trust and rely on ourselves.

This shift has seen the consumer become better informed and seeking out options they are comfortable with.

The cohort supports this suggestion that the consumer is weaning themselves off institutional dependence.

Role of pharmacy

Discussion in relation to the role of pharmacy as playing a pivotal role in the acceptance of natural medicine met with very positive confirmation. Indeed pharmacy has played a very positive role, although it was indicated there may not have been any intent by pharmacy to do so. The fact that pharmacists are highly regarded as a trusted profession was a key point raised. Their role in educating the public was also commented on:

You walk into the pharmacy and see herbal medicines, homoeopathics and vitamins and minerals on the shelves and they are the people you can trust.

If the media suggests that vitamins are dangerous but we have the pharmacy selling it and they are the people we can trust they are educating the public without even knowing it.

I think that is [pharmacy played a role] a factor that has helped the public to accept and be more aware of our products and the fact that pharmacists actually sell them over the counter with their other prescriptions means that they practically endorse the natural therapies products; they are really trusted by the public you know ...

The increasing interest by pharmacy in including natural medicines on their shelves has seen the demise of many health food stores. One participant indicated that pharmacy claims to be the representative of natural medicines, indeed the heirs to it, and in one particular case claims that the pharmacist is taking over the role of the herbalist. A further comment that pharmacy has made natural medicine more respectable was a point of interest:

Pharmacy has taken over and has killed the corner health food store in the same way that supermarkets have killed the corner shop. Pharmacists have grabbed alternative medicine and are claiming to be the representatives of it ... the rightful heirs to it.

Aspects of pharmacy are taking over the role of the herbalist. I do not think they [pharmacists] have done much other than make available to the public complementary medicine in a more respectable environment.

One participant referred to the business aspect of pharmacy:

I think that we have to remember that the pharmaceutical industry, as we know it today, has been singularly and spectacularly the most successful business in the last century surpassed by the IT [information technology] business in the last ten years perhaps, and hopefully by the wellness revolution in the next ten years ... pharmacy is the business of drugs. What we have seen is a big trend in pharmacy ... they are the biggest supplier of complementary medicines in Australia ... underpinning the practice of health delivery in our society is the predominance of the drug model.

They [pharmacists] started off on the commercial side as they wanted to make a profit. They would not have done it if there was not a big bob in it in the first place ...

The business aspect was extended with the inclusion of work experience for the graduates of natural medicine training which added a new dimension:

In the beginning I was worried about pharmacy but then they offered work experience and jobs to a lot of young graduates and they have moved on and have done very well ... they would not have had this opportunity if it was not for the pharmacists.

The same participant added an interesting point to the debate as she disagreed that pharmacy played a major role in the increased interest in natural medicine and suggested the profession itself was the catalyst:

... it was the marketing in [emphasised] the pharmacies, the pharmacies did not do that marketing, it was the natural therapies industry, they did the marketing ... when you walked in to the pharmacy it hit you in the face, products on the shelf ... they [pharmacists] did give it credibility though.

Further awareness of products and subtle endorsement of their use was offered by one participant and the feeling the profession has been taken over by pharmacy was felt by another:

Pharmacy has helped the public to accept and be aware of products and the fact that pharmacy sells them over the counter with his other prescriptions means he is practically endorsing the products and that he stands by them.

We have been taken over by pharmacy; it was so subtle — it was like leaves falling off a tree.

Pharmacy, it appears, has provided the natural medicine profession with credibility and acceptance by the consumer. As pharmacists are very trusted and highly valued professionals in the community, participants felt it was this trust by the consumer that afforded extended credibility to natural medicines stocked by the pharmacy. The key factor in relation to the role of pharmacy is clearly related to their standing in the community and their endorsement of products as perceived by the consumer.

Conclusion

Focussing attention to one of the factors often attributed with facilitating the increased use of natural medicine, participants revealed diverse views on the role of the media. These included that the media has helped with positive publicity but at the same time that negative publicity about natural medicine has stimulated public engagement. Similarly, where there has been negative publicity about conventional medicine, natural medicine has benefited through public engagement in such circumstances as well. Several participants described ways in which their careers had been nurtured through their media involvement, enabling relationships to be established between them and the public in ways more accessible than the conventional medicine/public

relationship. Implicit in such media relationships is the attention to patient self-education. Quoting Sobel (1995), Jonas (1998) assesses ‘this orientation towards self-healing and health promotion’ as “salutogenesis” rather than “pathogenesis’. There are consistent themes in this focus with the 1970s counter culture regeneration of natural medicine, growing disillusionment with corporatisation in medicine and elsewhere and with commitment by large segments of the population to natural environments and simpler lifestyles and self determination. Within this context, Jonas’ questions (1998, p. 3) warrant serious attention: ‘Is the current trend towards “integrative” medicine a deluded temptation that will turn out to be a nightmare of unscientific practices? Or will these newfound tools of scientific medicine be used to look deeper into the processes of healing for their utility in treating disease and alleviating suffering’.

The comments reported in this chapter delineate why these professionals believe there has been a significant increase in the use of natural medicine. The group forms the *collective wisdom* of the profession.

Their knowledge and experience is drawn from working at the ‘coal face’ of natural medicine starting at what could be termed the beginning of the ‘natural medicine renaissance’. Most of the participants have participated in this field since the 1970s and some even earlier. Their comments play an important role in forming an historical document where their voices may be heard.

The role of the media was one area in this chapter that provided a range of comments and these were drawn from the personal experiences of each participant, yet it was agreed the media is useful and may offer positive outcomes for the profession. Although there are comments and evidence that the media can be quite negative, it appears that the public are now well-informed and eager to assess media reporting in an educated and well-informed way, making sensationalist media reporting less powerful that it once was.

Peters (1997, p. x) suggests 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'. Therefore it is the informed consumer the media is reporting to.

With the popularity of natural medicine showing no signs of abating and dissatisfaction with the current medical model it appears that it is time for the emergence of a new model that may meet the needs of the consumer. Wyke (1997, p. 241) suggests '... the shift towards a consumer-driven health system could not, in a sense, have come at a better time'.

The dissatisfaction with the medical profession became evident throughout the interviews and is further supported by the literature. One particular point of interest is to take a glance at yesteryear as it relates to the transitional changes that are taking place in the world of natural medicine. The following comment, although lengthy points to some very relevant similarities. Willis (1989, pp. 42-3) 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 homoeopathy. The controversies were bitter indeed, a state of affairs which led a British observer to comment in the *Lancet* of 1860 on 'the very 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 reported by Willis, 1989) 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 profession and we are on the cusp of change. Going back in time to the late 1800s offers us a timely view of the era and how, incredibly, there are similarities.

We, as a profession, can draw from the past to help us gain an understanding about what we need to do to continue to move our profession in the right direction and continue to enjoy the popularity we currently experience. The rise of medicine from a low status and divided occupation in the 1860s to a high status and politically unified occupation by the 1930s is positive confirmation that this can be achieved.

We must be both cautious and mindful of the reasons we have gained such popularity and why the consumer has moved to natural medicines. 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 appears to be satisfied with natural medicine, as it is. ... the public interest is already being satisfied as evidenced by the increase in natural medicine usage in the last decade.

The information offered by the participants in this chapter strongly indicates we need to look for a new allopathic medicine system that utilises the very best of both fields of medicine. More will be offered about this subject in the final chapter, yet is appropriate to conclude with a statement offered by Dr Marc Donohoe. He is quoted in an address on 12th November 2003, as reported in the *Journal of the Australasian College of Nutritional & Environmental Medicine*, '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'. Emerging from the increased use and popularity of natural medicine is the ongoing concern by some about the lack of scientific research of natural medicine; others are not concerned. However, it is an issue that will need to be considered at some stage.

Chapter Six

Increased use of natural medicine: Nomenclature: views from the field

A profession with an identity crisis

Throughout the interviews and the analysis of the data the two most consistent terms used, prior to asking what term would be most preferred, were either ‘natural medicine’ or ‘complementary medicine’ when talking about the field in general terms or ‘natural therapist or complementary medicine practitioner’ when talking about the practitioners. Responding specifically to one of the research questions ‘what do you think of the term ‘natural therapist’ and denoting a specific specialty?’ All participants were in favour of this suggestion.

The term ‘natural therapies’ refers broadly to many traditions and forms of therapy that share the one common characteristic — that they operate outside of, or on, the parameters of mainstream biomedical, psychological or physio-therapeutic practice. The boundary between ‘what is’ and ‘what isn’t’ natural therapy is blurred, especially with the increasing acceptance of some kinds of natural therapies within mainstream medical practice and the legitimization of some forms of natural therapy within health insurance funding.

In the current context, the traditions, definitions and pre-requisites of what constitutes a natural therapist as represented in the Australian Traditional-Medicine Society and other professional organisations that seek to define natural therapies, are extraordinarily diverse. As a result there is a plethora of practices and nomenclature and, as such, the profession appears to be undergoing an identity crisis. In this chapter, I will endeavour to give a discursive account and analysis of this identity crisis based on the comments of the participants.

The traditional practices, remedies and prescriptions belonging to a bygone era are becoming diffused and reshaped as they are absorbed into large-scale commercial enterprises. The commercialisation and mainstream adaptation by the medical

profession of many practices and medicines that used to be defined as ‘traditional’, i.e., non-commercial and non-medical, have added another dimension of confusion.

Who is counted as a ‘natural therapist’, and who isn’t? How should they be identified? Do we accept the nomenclature ‘complementary medicine’ that has been bestowed on the profession by government and the medical profession, or do we wish to identify ourselves in another way, one which anchors the definition of ‘natural medicine’ once and for all? Could we change that term even if we tried? Should we strongly defend the terms ‘naturopathy’ and ‘naturopath’? Should we even be trying to build a culture and a distinct professional identity? These are profound challenges that the profession needs to come to terms with.

In this chapter, therefore, I will present what the participants in the research said about some of the sources of confusion surrounding what traditionally comes under the heading of ‘natural medicine’.

Untangling the areas of confusion

Most participants expressed the view that the field is in confusion and that colleges, associations and practitioners have all played a role in contributing to that confusion. As indicated above there appear to be two main sources of confusion:

1. Confusion resulting from the plethora of therapies and modalities under the banner of natural or traditional therapies and,
2. Confusion surrounding nomenclature: the naming of the profession as a whole, the naming of different kinds of practitioners, and whether or not the term ‘complementary medicine’ is an apt or acceptable term.

Amongst the participants, there was in general a remarkable degree of consistency in their responses in relation to the challenge of lack of clarity around these issues. The following responses were typical:

You probably identified I think, the largest preventative [preventive] of further and more accelerated growth due to the fact that there is confusion ... There is confusion ... the CHC [Commonwealth Health Council] announced the term NHC [Natural HealthCare]. To me this was a step backwards because you are [utilising] complementary medicine today and tomorrow Natural HealthCare ... make up your

mind [about] who you are. Stick with one name ... from the political arena you have to be consistent ...

It is not just the public who is confused; you would also get a deal of confusion within the profession, which is rather regrettable ...

Overall, the majority of those interviewed thought that the issue of confusion was very problematic. Two people, however, were of the opinion that confusion was not such an issue so long as natural or traditional therapies continue to grow in popularity:

I am not sure there is confusion ... certainly not with the people I meet with and talk to ... they have a fairly good idea. Whenever I have a beer down at the pub ... with blokes from one sort of area of society, I am surprised what a good handle they have, how many of them are having a massage, or how many of them know about shiatsu. So I am not convinced that there is confusion ... but there is room for some clarification.

I am confused [emphasised] I cannot tell the difference ... I do not think it matters though. At the end of the day the bulk of our patients come from 'word-of-mouth' ... I do not think it [the term] is an issue. To imply that the consumer needs to know [a definition for the name] I do not think it works like that ...

These comments suggest that confusion is more a problem within the natural medicine field itself, rather than amongst the clientele or consumers; or else that even if there is a degree of confusion in the community at large, this does not really matter so long as the field itself continues to thrive.

There are important implications, however, for the professional organisations to work towards in terms of simplifying and clarifying the distinctions and definitions of the different kinds of therapies, to create clarity within the profession and the community at large.

Defining 'natural medicine'

Participants were concerned about the fact that within the profession there is confusion about the various therapies, modalities and traditions, professional boundaries, responsibilities and who does what:

It is a bit confusing ... there is always contentious definitions ... I think one of the problems is that we seem to overlap so much ... example myofascial release. I mean we have neuromuscular therapy, structural integration, rolfing ... it is all the same thing with only slight variations. Nobody knows which one is which. In reality they are all myofascial ... there are different names ... it is hard for people to understand. We seem to mix all of this up and make it hard for people to understand instead of clarifying it and trying to put it in some order. Also people putting their name to a therapy causes further problems as they are often not clearly defined adding to the confusion and they are usually very much like an existing therapy with a minor variation.

We have people who practise and they hand out a card that has twenty therapies listed on it and they [the public] look at it and go, what is all this stuff about? No one wants to sort this out but it has to be done.

... the confusion still exists and I think probably in some respects it may even be deeper in some aspects because of the proliferation of knowledge ... where we had three or four modalities we are now looking at ten or more.

Despite confusion and uncertainty about how traditional or natural therapists should identify themselves, there was a strong sense that the term ‘naturopathy’ was cherished because of its connotations of tradition and a radical philosophy of healing:

For every traditionalist ... naturopathy, like osteopathy and chiropractic, has an enviable history. The early European naturopath was called a ‘drugless healer’. This was about the fifties and sixties. The American heritage had a great influence on Australia. The term naturopathy actually started around the early 1890s ... Bernard Lust coined the phrase naturopathy and it had a very distinct philosophy ... the definition was reconciling, harmony and unifying with nature and humanity.

The underpinning philosophy of it [naturopathy] must not be watered down. The philosophy; what we stand for, is all important; more than a name ... but the name is steeped in history ...

Naturopathy in Europe is ... exercise, fresh air, good diet, and sensible eating ... it is not what we have made it in Australia ... but it is easily identifiable ...

Naturopathy goes back a long way. It is the principle of using the natural methods, so to speak, to improve the quality of life. This actually saves lives ...

Again there was a participant who held a different viewpoint, cautioning about the risk of loss of identity if the field does not keep and defend naturopathy as the name to identify practitioners in the field:

We have to be careful that we do not fall into the trap of just being another complementary practitioner ... to my way of thinking it [the term 'naturopath'] is the biggest threat to our status today ... if we are naturopaths, we should refer to ourselves as naturopaths and use the term N.D. In my opinion we haven't fought strongly enough against the university term Bachelor of Health Sciences/Naturopath ... the traditional terminology and the nomenclature that has been in use for over 150 years is no longer used ... to me that is a betrayal of our associations. In order for colleges to get respectability they have not seen the detriment of doing that [adopting the term Bachelor] and relegating naturopath as an afterthought.

The same participant continued and cautioned about the importance of identity:

We are losing our identity because we are seen as just allied healthcare practitioners and that will play into the hands of those who have wanted to dominate us since the year dot ... we must hold firm on our identity ... use N.D. to identify naturopath ... or D.M.H to identify herbalists ... we must fight for this.

Historically the term 'naturopath' has been used around the world to identify practitioners who use natural medicine and follow the basics upon which natural therapies are formed which are herbal medicine, nutrition and massage. These three modalities, in combination, are the core of a naturopathic practice. Clearly this is an issue to be addressed when looking at the bigger picture for the natural medicine profession as each of these therapies may be practiced without the other two and the modern day naturopath may also include other disciplines such as homoeopathy.

Coming to terms with 'complementary medicine'

There were three main sorts of responses to the question about the term 'complementary medicine': those (the majority) who rejected the term, those who accepted it as a sign that natural therapies were being increasingly integrated into

mainstream medicine, and those who accepted it as a useful stop-gap until a better term could be found.

Most resented the term ‘Complementary Medicine’

The rejection of the term complementary medicine was based on several key reasons ranging from the role of the natural medicine practitioner becoming a primary health care provider to the inference the term means a dependence on medical practitioners:

We are not complementary because in my view a lot of what we do can be seen as the primary therapy ...

I have never liked the term and I do not think it is right, as it does not identify what we actually do.

I think it is terrible. The industry has an identity problem in that sense ... the complementary wording means it has to complement something else ... we can be the primary source ... we sat around the table for years and not come up with another name though ...

The fact that the term ‘complementary’ was developed and used by allopathic doctors, government and academia to describe natural medicine was the primary reason offered for not liking it. The very term is suggestive of the power of allopathic medicine which requires the doctor to play a primary role, and is therefore ‘patronising’:

It is a patronising term in many ways. It still puts orthodox medicine up ten steps on the ladder and complementary medicine is only four steps up the ladder...

The term complementary medicine is rather derogatory because it infers that we will give you a little bit of medicine but you will only be a junior to us [the medical profession] ...

I have a little difficulty with it. In a sense it reminds me of saying that this is orthodox medicine and this is complementary medicine — we [orthodox medical people] are superior but we will have this little complementary thing here ... It is like saying ... I am the doctor and you are the nurse ... it is rather a ‘put down’ term ...

Parts of academia and government appear to be supportive of the word 'complementary' in preference to the word 'alternative' ... the current term complementary medicine incorrectly suggests that the role of natural medicine is to complement biomedicine. ... it is a propaganda tool designed to make natural medicine subservient to biomedicine. There is a trend in some areas to use the term complementary and alternative but I suggest ... that this is even more confusing.

Parts of academia and government appear to be supportive of the word 'complementary' in preference to the word 'alternative' ... the current term that is used extensively but is not acceptable ...

Terms like complementary medicine, complementary alternative medicine and integrated medicine come from academia ... it is part of the culture to use language, use terms which is theirs to extend their power base ...

The way complementary medicine is being used [as a term] throughout the world suggests that natural medicine merely complements biomedicine and nothing could be further from the truth. We are a separate modality, which is completely different ... we are two competing markets ...

A variation of this view put forward was that the term 'complementary' is a 'takeover term':

I saw benefits in it but the longer I look at it the more I am convinced that this is a takeover term. What it can mean, in the best sense, we can fill the many gaps for orthodox medicine, and to an extent, [it] complements orthodox medicine in the best sense but the way in which it is interpreted ... it is secondary medicine ... as a complementary HealthCare practitioner you are seen only as someone who can fiddle at the edges, someone who is similar to a nurse in the relationship to the doctor ... we would benefit if another name could be found ...

This participant was suggesting the possibility that natural medicine might become absorbed into allopathic medicine altogether and lose its identity as a naturalistic health alternative.

Other participants took a more positive view. They referred to government reports and the use of the word/s, 'complementary medicine' and 'complementary health care',

emphasising that the term ‘complementary’ indicates that the concept of natural medicine/therapies is now well accepted:

I am in favour of retaining the term naturopathy, however, because the term ‘complementary medicine’ is a more generic term that has come in over the past fifteen to twenty years it sits very well with our medical colleagues ... it means we have our place in the sun and they do what they do best ... it is a known fact that many doctors are embracing the basics of naturopathy [nutrition and herbal medicine]. To some extent it is an endorsement of what it [naturopathy] stands for and what it has achieved ...

Tony Abbott the Health Minister [at that time] is very supportive of it [complementary medicine]. He is quoted as saying on many occasions ‘one of the great things about what might be broadly described as the Complementary HealthCare sector is that it is the only major part of our health industry which focuses on wellness as much as sickness’.

I am slowly being talked around to the fact that complementary is the better term as the government seems to have latched on to it as indicated in a lot of government reports ...

Others were more cautious, supporting the use of the term only as a ‘stopgap’ until something else more acceptable could be found:

I think it would be OK as a stopgap measure for the moment, but I feel that at some time they are going to have to come up with a better term for it, to put it on a more equal footing with orthodox medicine because I do not see that one is superior to the other ...

It is useful because the public has some notion of what it means but I think from an educator’s point of view, it is not useful ... I would prefer a term more fitting to what we actually do ... one we can all agree on.

From my perspective complementary may be useful as a current term but we need to work on something more applicable.

As a concession to the public complementary medicine is helpful but we still need to define it ... and what will rest well with all parties and the public at large ...

Two participants pointed to the fact that part of the problem is lack of consistency in terms used by the profession at large. These two thought that the term ‘complementary’ might help to at least enable a more consistent language to be used as it is a term used by mainstream medicine:

We are stuck with the term complementary medicine and we have ourselves to blame ... from the political aspect we have to be consistent ... consistency is the mark of professional people ...

We have to use a term that is consistent ... a term that academia can relate to ... a term the media can relate to ... it is self-defeating if we do not ... calling it [complementary medicine] natural therapies one day, natural medicine the next, alternative medicine, drugless therapy the other day ... that is self-destructive ...

A few participants, however, were very clear they actually accepted the term complementary medicine on the basis that the term has widespread usage in policy and public discourse:

I am slowly being talked around to the fact that complementary is the better term ... In 1996 the government coined the term complementary medicine at the summit [Alternative Medicine Summit called by the Federal Labour Party] they called in Canberra. It is a terrible term but I use it all the time ... we have a term the government can relate to ... a term that academia can relate to... it is consistent. Government did it for us they coined the name. Internationally it is a name that is accepted. [In my professional position] I need to push that particular term ... that particular term gives some form of identification, some form of cohesion. One interpretation is that we are the poorer cousins of medicine; a dictionary interpretation is a complete system of medicine. Increasingly the term complementary medicine is being used and we need to give it identity, which we have lacked, it is a term that has been given to us. From the political aspect we have to be consistent ... consistency is the mark of a professional person.

This is part of the dilemma of nomenclature: on the one hand, the term ‘complementary’ is seen as derogatory to the profession, a view that is widespread within the field; on the other hand, that term is seen by some as the key to mainstream acceptance and the promise of an increasingly significant future role for the profession.

Conclusion

The various opinions of participants in relation to the identity of natural medicine and the changing nomenclature that structures the field, emphasises that there is a degree of confusion that surrounds the profession and includes the practices, products and the terms used to identify the field.

The term ‘complementary medicine’, bestowed on the natural medicine profession was generally rejected by the majority of the participants, although some agreed it was ‘better than nothing’ and did offer ‘a sense of consistency’.

Interestingly all agreed they actually preferred the term ‘natural medicine practitioner’ if it could be universally adopted. Within the context of the professional use of the term ‘naturopath’ or ‘naturopathy’ a case was presented as to why these terms should be strongly defended.

The identification and naming of this confusion, which is not often talked about, is perhaps a first step in a process of reflection and democratic discussion of the complex web of underlying issues. Clearly, the natural medicine profession is facing a significant challenge. One aim of this research is to articulate and describe that challenge — it is beyond the scope of the research aims to attempt to solve it, although the opinions and guidance offered by the participants may act as a guide as we traverse these challenging times.

It could well be that the current confusion is an inevitable stage in the evolution of a diverse profession that has developed historically outside of the institutional knowledge bases that structure and define the various branches of allopathic medicine. Many changes are taking place in both fields of medicine. Peters (1997, p. x) offers timely advice ‘... the changes in medicine in the next fifty years will be greater than all those that have taken place so far’.

In their article ‘The practice and regulatory requirements of naturopathy and western herbal medicine in Australia’ Lin et al. (2009, p. 22) demonstrate the complexity of the situation in the following paragraph,

‘Numerous therapeutic practices can be grouped under the umbrella term “complementary and alternative medicine’ (CAM). This term is used interchangeably with such terms as “natural therapies”, ‘complementary health care”, “holistic medicine” and other variations ... a range of other unregulated practices (such as kinesiology, reflexology, iridology, Reiki, Bach flower therapy, aromatherapy, Ayurvedic medicine and so on...’.

Chapter Seven

Increased use of Natural Medicine: The impact of commercialisation on natural medicine practices and products: views from the field

Introduction

The commercialisation of the field of natural medicine over the last thirty years has had profound impacts on the way it is practiced and the way natural medicines are manufactured and distributed. In this chapter I present the perspectives of the participants in relation to the commercialisation of the field and the role of 'big business'.

The participants' reflections on commercialisation, reported here, reveal a certain concern about its impact on their professional values and traditions. This concern is summed up by Peter Derig (1998, p.11) who commented, 'Philosophy should guide the daily practice of the Art and Science of the natural healing practitioners as without this underpinning of the profession's foundations, there is little hope not only of the profession's survival which is paramount, but also exposes practitioners to becoming nothing more than 'purveyors of products' thus relegating them to the level of glorified 'shop assistants' under a professional guise'.

The particular areas of tension and concern regarding the commercialisation of natural medicine are highlighted in this chapter. Specifically, the participants spoke about how commercialisation has impacted:

1. The identity of natural medicine practitioners
2. The loss of skills in the production and dispensing of personalised medicines
3. The availability of products
4. Personal relationships of healing
5. Training and education of practitioners
6. Therapeutic quality

The Identity of Natural Medicine Practitioners

Several participants observed that natural therapies traditionally have been seen as distinct from business that is, natural therapists see themselves primarily as healers, offering services to the community, rather than as business people who are focused on profit. Therefore it has been seen as somewhat problematic to charge fees to help people become well, especially by using natural remedies.

Most, however, felt that accepting fair payment for services rendered as opposed to working for free is appropriate, and that payment does not negate the spiritual or personal healing dimension of their work. It is only recently that there has been a notable change in the outlook of practitioners working with natural medicine in terms of wanting to be recognised as genuine professionals for services provided by them.

This feeling was expressed by one of the participants in the following way:

When I first started out as a practitioner, people came to me who I knew, mostly friends and I could not charge them so I would barter things, but then I had to start charging because I moved into a rented area and I had to make money. Business things had to be considered like making enough to cover the bills. That was hard at first but now it is easy ...

Practitioners understandably wish to survive and thrive as players in the field of natural medicine. The world of business, charging fees and developing sound fiscal policy as a business person, seems to have set some practitioners on a conflicted pathway as they find it very difficult to do both simultaneously.

One participant noted:

One of the things that I think we have to get around is the fact that practitioners feel guilty about charging even for their services. It is almost expected that they will do it for the love of it; they are on a mission, they are like latter day missionaries dispensing minerals and vitamins rather than Bibles ...

However, underpayment for practitioners' services in the marketplace was also seen as an issue:

We pay our plumbers more than our practitioners ... the reality is ... there is a lot of underpaying and undercharging within the industry ... we must do something about this.

One participant referred to the fear that some practitioners have when discussing charging appropriate fee for service and indicated a fear of ‘alienating’ clients by charging higher fees:

It really is time that we weren't so fearful about alienating our client base by getting a reasonable return. Most people who get a result from the practitioner are extremely grateful and they would be prepared to actually pay more than it costs at the present time.

A number of participants in this research felt that practitioners are losing clinical skills in the need to become business people and to survive in the changing, more highly commercialised profession.

In addition the practitioner must now participate as a primary health care provider as the public seeks the advice of their natural medicine practitioner in the initial stages rather than as a last resort. This shift has had a dramatic impact on the modern day practitioner’s position as a professional in the community.

The participants’ views about the need for fair payment were reflected in the views of John Naisbitt (1982, p. 137) who has published a number of books on social change, spanning several decades and says, ‘In this new self-help paradigm, prevention is clearly more sensible and cheaper than cure ...’. The community has demonstrated, and continues to do so, that they want to participate in their health issues and are prepared to pay for this. This trend has shown no signs of abating. The self-help movement has been the primary contributing factor that has opened the gates to big business and the corporatisation of natural medicines/therapies. Money is the catalyst that shapes this shift.

The loss of skills in the manufacture and dispensing of personalised medicines

The skills that seem to have been lost relate to the preparation of customised medications. In the past, practitioners were trained in the manufacturing and blending

of medications that would be custom-made for the client. With the ever-increasing commercialisation of natural products, most are now ready-made and sold over the counter with often minimal consultation between the practitioner and the consumer taking place. These products are readily available to the public and fit more with the reductionist model of health care. Manufacturers have provided a range of 'practitioner only' products specifically for members of the profession, yet these also are products that are in a 'finished' form. The shift towards commercialism has naturally affected the skill base of the prescribing professionals, as they need to accommodate commercially available products in their place of practice. The days are disappearing where natural therapists are expected, or even able, to blend a medicine to meet clients' special needs. Typical comments were:

[Commercialisation] has already impacted on the skills that practitioners have today ... I mean commercialism with all its resources, is continually producing products in finished pharmaceutical form.

With commercialism comes a restriction on the availability of product [to the practitioner] and the skills that are required to manufacture medicines and dispense medicines, being lost under the full thrust of commercialism.

The commercial availability of products presented in pharmaceutical form, i.e. a finished product in tablet or capsule form led to the following comment:

Products in finished pharmaceutical forms ... have been presented to graduates and practitioners and are seen as being the better way of going. This is leading to a loss of indigenous skills ... these skills are the ability to dispense extracts and the ability to make ointments and creams that are specific to the patient's needs ...

The significance of this loss of skills is that modern day natural medicine practitioner will lose their abilities to make and manufacture their own medicines. Being able to do this has played a significant role in the success of natural medicine and the confidence that consumers have had in the products.

The depersonalisation of treatments

The decline in practitioner skills in dispensing is linked to the depersonalisation of treatments, according to some participants and reflects the reductionist model of health care rather than the wholistic model:

How easy it is to fall into the reductionist model of health care and the trap of dismissing the more person-oriented philosophy, which we are good at ...

The patient has very special needs ... individual medicine is often needed to treat the complex presentations we see in clinic today ... not the prepared over the counter medicines that are made for disease and illness ...

... often the client needs more than one made up medicine ... the client often requires a complex medicine, one we can blend for them as a herbalist ... this is true person focused medicine ... we are losing this I am afraid ... I do hope some young graduates are mindful of blending for the person, not necessarily for the condition ...

The manufacturing of our medicines links them to disease and illness and they are part of a marketing strategy that is immoral and unethical ... look at echinacea as an example ... everyone is on the damn stuff in winter ... it should not be taken like that ... it is just like taking laxettes for constipation without ensuring the client drinks water, eats fibre and exercises ...

The compromising of therapeutic quality

The abundance of natural products in the market place has led in some cases, to a marketing extravaganza where false and misleading claims by marketers clash with the professional understanding that natural medicine practitioners have of the same product. The marketing is very restrictive and negates the paradigm upon which natural medicine is based, which is the wholistic paradigm. One participant expressed their concern in the following way:

Commercialism has been the bane of complementary medicine/natural therapies. It is the entrepreneurs that have picked up the herbs that may be useful for energy and turns [have turned] it into an aphrodisiac. They sell them into a marketplace wanting to believe the claims being made that completely prostitute ... the intent of the original uses and the usual progenitors of these remedies.

One participant felt there still is the possibility of successfully introducing a product into the marketplace, yet was mindful that big business is a potential risk that may compromise their idea:

Where there is money to be made ...we are never going to stop it. The people with big money will pay ... there is a lot of money being made through our old manufacturers

because they have seen what sells. Take my sinus products, someone will copy that in a minute; it has become so successful, they will have a version of it ... if I do not get it into Woolworths somebody else will and that is goodnight to me ... I push for it as it will help so many people ...

There is a place for the entrepreneur, yet they are now very low in numbers and do not produce enough products to make a difference. One participant felt that commercialisation should be controlled and expressed their views this way:

There is a loss of that initial radical fight that saw commercialisation as needing to be controlled. Basically we need to get back to sensible grassroots understanding of natural medicine and its preparation. Now that is a big ask because it is late in the day and I am not at all impressed with the direction that I see our associations and institutions going in reference to this problem.

The products that are made concentrate purely on what will sell and this corresponds with the restrictive view of pharmacy and allopathic medicine where the physical condition is the 'generic' central point rather than an expectation that the individual needs of consumers will be met. Smaller manufacturers used to offer personalised and specialised products, but are unable to withstand the commercial structure of big business. This move to generic products is one way in which therapeutic quality may be compromised. Participants described this process in the following ways:

Commercialisation is accelerated because it has become virtually impossible for smaller manufacturers to maintain distinct, unique practitioner line products because of the cost structure, so the big companies will only produce product that makes money.

According to participants the very nature of marketing may oversimplify the possibilities of treatments and tends to underplay the necessary complexity of wholistic approaches:

Some of the pharmaceutical manufacturers realise that if they are to succeed, they have to be market-driven and many of the homoeopathic and herbal products are more market-driven than driven by anything else ... an example is the stop smoking product seen on many pharmacy counters across the country ... surely that is marketing because to stop smoking is harder than that and homoeopathy is more complex ...

These comments reveal examples of natural medicines falling into the reductionist paradigm, rather than following the philosophical basis of the natural medicine profession.

Some interviewees felt the increasing availability of commercial remedies negated the need for practitioner consultations, while others felt it placed natural medicine in the limelight and actually was positive. There was also specific reference made to the shop-assistant role that some practitioners had taken on within pharmacies and the unfavourable impact this has had on the profession. These practitioners may be perceived simply as ‘glorified shop assistants’ rather than professional natural medicine or naturopathic practitioners.

Participants referred to some positive aspects flowing from the commercialisation of natural remedies. In particular they felt that commercialisation has made natural products more widely available to those who need them:

It gives the field more attention ... it comes down to more product in the pharmacy ... I think that commercialism will make [natural medicines] more common ...

Commercialism is there whether we like it or not ... health food companies are being taken over by pharmaceutical companies because they can see very big money in this industry and so, commercialism will play a good part in the sense that it will actually promote it [natural medicines] to the public.

One participant was particularly interested in this subject and provided extensive comment on the role of commodification (an aspect of commercialisation) of natural remedies. Commodification is defined by Dahlgren (1995, p. 22) as follows:

Commodification is the transformation of what is normally a non-commodity into a commodity, to assign economic value to something that traditionally would not be considered in economic terms, for example, an idea, identity, gender. For instance, sex becomes a marketed commodity, something to be bought and sold rather than freely exchanged. Karl Marx extensively criticised the social impact of commodification under the name commodity fetishism. A criticism of commodification is that it ignores individual agency, and the individual’s ability to resist the spread of the never-ending spread of the market. Commodification itself became popular during the rise of critical discourse analysis in semiotics.

This participant saw ‘commodification (as opposed to ‘commercialisation’)

 as a positive development in that it strengthened the field of natural medicine:

Commodification is what you are talking about, commodification of our medicines I am comfortable with. I believe there is a strong link between commodification and the growth of practitioner services. I do not believe that having supplements in supermarkets has undermined the practitioner. I would argue otherwise. I would argue that it has actually strengthened the practitioner and our place in mainstream medicine, and yes we are part of mainstream medicine absolutely and ... it has not undermined us.

Another participant saw commodification in a completely different light, as subordination of the field to market forces:

Capitalism is based on perpetual expansion. Through the course of the 19th century, industrial capitalism grew from its initial base in North Western Europe and came to dominate the planet. In this period a massive increase in society’s productive forces was reflected in the health field by greatly improved sanitation, the development of public hospitals and public health campaigns and the growth of clinical research. However this expansion is driven by market competition, and accompanied by the commodification of ever-more aspects of society and the natural world. Everything, down to the generic structures of life itself, eventually becomes marketable, and the social provision of goods and services, such a [as] public health systems, are more and more subordinate to the interests of the big corporations that have come to dominate the system.

One participant offered a particular therapy as an example of effective commodification and suggested that some treatments could fall within the parameters of a commodity:

Having a homoeopathic medicine in the stores is the most brilliant publicity that we could possibly have because it is promoting homoeopathy. It is not taking away from us. It is promoting and enhancing and establishing themselves out there so I see that as a good thing.

Other participants referred to the down side of commodification in that it has undermined employment opportunities for practitioners:

We see our practitioners in pharmacy and prescribing product off the shelf and they are glorified shop assistants, that is not the right thing.

Reference was made to the need within education of practitioners at college level and beyond in associations to ensure students and practitioners are well placed to resist entering businesses simply to sell products:

That is not the right use of those modalities and that is something that should be strongly resisted and this should start at our colleges, indoctrinated into our students and then extended to our associations and the people running associations.

The profession of natural therapies is based on treating the whole person. Developing a relationship with the client and incorporating the traditional methods of healing form the foundation of a successful practice. The following was offered:

They should stand up for our birthright ... this is a very real threat. Our medicines are not a commodity to be selected off the shelf without the benefit of a consultation.

The loss of traditional skills of the practitioners in the field of natural medicine provided an opportunity for additional comment and one participant lamented:

The loss of the eclectic practices that were consistent with the herbal medicine renaissance ... and I suggest that commercial interests did not promote or cause this renaissance...

Most participants noted the loss of the traditional application of natural medicines and the intrinsically methodical extracts and components of natural medicine which have been overlooked in favour of the commercialisation of natural medicines.

Practitioners in the past would have a dispensary where they would combine liquids to cater to the special needs of the client, or alternatively would make ointments and lotions to treat complex skin conditions, or blend herbs and make shampoos. Today, prepared medicines are sold to practitioners. This 'quick fix' mentality was seen as a negative:

The fast tablet/medicines 'quick fix' mentality seems to fit in with the fast food chains currently evident in our community.

The natural medicine practitioners should remain true to their eclectic practices that caused the herbal renaissance. The herbal renaissance is not caused by commercial

interest; they fought against it ... but the herbal renaissance came about as a result of practitioners standing against the commercial world and the problem basically now is that many institutions that teach herbal medicine is [are] very commercial ...

Health food companies are being taken over by pharmaceutical companies because they can see very big money in this industry and so, commercialisation will play a good part in the sense that it will promote it and then I guess it has its bad points because they are there just to make money and not care about our philosophy or the way we provide our services

It should be noted that a similar pattern is emerging within orthodox medicine and pharmacy. Small local pharmacies and medical clinics are being replaced by large conglomerates.

The undermining of training and education of practitioners

One aspect of commercialisation mentioned by participants was the way in which it seems to have undermined the training and education of practitioners through the demise of small colleges and providers and education of practitioners. In the past quality practitioners would start a college and hand down their knowledge, following the tradition of natural medicine. There has been a major shift now where business people are buying colleges and the passion is often not there nor the commitment to pass on the information that forms the foundation of the profession:

I am seeing [sic] here in this office getting more and more applications from training colleges for accreditation. They are springing up all over the place now because of the health training packages. People are getting into it [education of natural therapists] that would have never been so in the past ... business people are buying colleges now ... but I am seeing less and less the grassroots information about our history ... there is a lot of science though ...

The same participant extended this discussion and reflected on a previous era:

In the past if you trained in herbal medicine or massage and you were really good at it and you were in practice for a while, you wanted to pass your knowledge on to somebody else. You set up your little college and this is how all the colleges started ... now it is very different and we are losing something ... the soul of the therapies I think.

The reference to the loss of the soul stimulated sadness as I reflected on this comment.

There was also discussion about the impact of corporatisation of training and the effect it had on the philosophical integrity of the field. Large manufacturing companies entered education by providing free products and product information folders to students that offered the quick fix information. Many lecturers were upset by this new trend where corporations entered the education of students and this was further confirmation that major changes were taking place:

The corporatisation of our services I do not like at all, especially what is happening in the colleges. The corporatisation of say education I see as a shocking step backwards for us ... I left lecturing ... for family reasons but the reason I did not go back was the corporatisation [of education]. We have undermined ourselves unbelievably.

Another comment linked the loss of philosophy and the reliance on science training as problematical:

I am seeing the reduction in emphasis on philosophy and the increase in sciences as causing a problem. I certainly agree with the increased focus on science, yet the philosophy seems to be glossed over and I feel we need to be very cautious about that ... as that may affect our survival ... our proud history may be lost, where we came from ...

These sorts of fears are perhaps summed up here by one participant:

*Provided teaching institutions take responsibility for insuring that this philosophy is inculcated into their education systems and it is reinforced at all professional levels, it will instil an unconscious competence, an aura of being naturally ... It is only when 'daily practice', is based on a series of philosophical assumptions and axioms that results beyond expectations will be produced ... still awareness and adherence to that fundamental axiom of *Vis Mediatrix Naturae* — the healing power of nature will insure the professions survival well into the third millennium.*

Several participants were dismayed at the possibility that the philosophy of natural therapies would not continue to be taught as the education of the field became more and more scientific.

One participant suggested that the profession has not fought hard enough to maintain traditional terminology that has been used traditionally for over a hundred years and further suggested that the associations have played a role, in fact indicating a betrayal:

In my opinion, we haven't fought strong enough against the university that is now issuing Bachelor of Health Sciences in Naturopathy, where the traditional terminology and the nomenclature that has been used for over 150 years. ND [naturopathic diploma] is no longer used. Now that to me is a betrayal of our associations in my opinion and the colleges; in order to get respectability ... we have not seen the detriment of doing that ...

Conclusion

The participants' comments ranged from concern about even taking payment for services through to those about the proliferation of off the shelf treatments, as opposed to the earlier preparation by the practitioner of individual ointments and tinctures. It is very much a late twentieth/early twenty-first century phenomenon that health is commodified like most else. Food is labelled as "health" food, farmers' markets abound and wellbeing becomes a term to embrace health, fitness, resilience and more. Parallel to these developments, the term "bioprospecting" has gained credibility as the descriptor for commercialization of traditional medicines. Debates around ownership, patents and contracts prevail. Muhammad and Awaisu (2008) articulate important messages in a global economy suggesting that the development of a herbal medicine industry in the developing world would provide employment and stimulate the growth of local and national economies while also helping to meet health needs of the population. Each of these elements in the commercialization jigsaw requires very serious consideration in shaping the path forward for natural medicine.

The commercialisation of natural medicine has had an enormous impact on the services that practitioners provide to the community where they are thrust into the business of natural medicine as well as being sought out by the consumer as a preferred health care provider. The majority saw commercialisation as weakening the profession by diminishing the need for individual consultations. A few felt that there were some positives in that the mass-production and marketing of natural therapy

products puts them to the fore and thereby builds credibility and popularity amongst the general population.

Practitioners are remaining wary of charging standard fees although they are being sought out by the consumer to assist them with their wellbeing and health issues. The professional organisations must guide the practitioners into the world of business and provide education that will assist the field to be comfortable with both worlds; business and wellbeing — they are not mutually exclusive.

The loss of skills noted by participants must be addressed through informed debate with educational institutions. The fact that the profession runs the risk of becoming depersonalised by accepting products and passing them on to clients further reduces their skills and these may be lost forever if the profession does not take heed. It is important that practitioners in the field of natural medicine maintain their credibility despite the commercialisation of their products.

It is also crucial to recognise that the commercialisation of the field has impacted on the training of practitioners through their education and training. The owners of the colleges are, in many instances, business people who do not have the driving passion for natural therapies that previous owners had.

Many participants noted that seduction of potential profits led to the commercialisation of this field. This has had both positive and negative outcomes.

Some practitioners have a problem with the business aspects of their profession and have difficulty charging fees because their genuine need to help the community is not in line with the required business elements that are an important component in running a successful practice. The group also noted that practitioners became aware of the main effect that business has had on the profession of natural medicine in relation to the distribution and availability of products and the loss of practitioner skills over time.

The philosophy that underpins natural medicine and the world of business should also be considered if the profession is to move forward.

Chapter Eight

Increased use of natural medicine: Statutory Registration; views from the field

Introduction

The issue of statutory registration or regulation of the profession was a question posed to all participants in this study. From my own practice and professional involvement, I am aware that registration of natural medicine practitioners has been a topic of hot debate for more than forty years. To demonstrate this point the following chart is drawn from a submission document prepared by the Australian Traditional-Medicine Society (2009) that reflects the Occupational Regulatory Inquiries. I acknowledge Raymond Khoury for his work on this submission.

Year	Name of Inquiry
1961	WA Royal Commission Inquiry Into Matters Relating to Natural Therapists (Western Australia)
1973	Joint Select Committee on Osteopathy, Chiropractic and Naturopathy (Victoria)
1974	Committee of Inquiry into Chiropractic, Osteopathy, Homoeopathy and Naturopathy (Commonwealth)
1975	Committee of Inquiry into the Question of Registration of Chiropractors (New South Wales)
1986	Inquiry into Alternative Medicine and the Health Food Industry (Victoria)
1995	Review of Traditional Chinese Medicine in Australia (National)
1998	NSW Parliamentary Joint Committee on the Health Care Complaints Commission into Unregistered Health Practitioners (New South Wales)
2002	Regulation of Complementary Health Practitioners (Discussion Paper) (New South Wales)
2002	Health Claims and Consumer Protection Advisory Committee (New South Wales)
2003	The Risks and Regulatory Requirements for Naturopathy and Western Herbal Medicine (National)
2005	Joint Parliamentary Committee on the Health Care Complaints Commission of an Inquiry into the Regulation of Traditional Chinese Medicine (New South Wales)
2005	Regulation of Practitioners of Chinese Medicine in Western Australia (Western Australia)

Table 8.1 Occupational Regulatory Inquiries 1961-2005

The constant debate around this subject hinges on two concepts; one suggests the current self-regulation model works well although a formal recognition by

government would be welcomed, while the opposing point of view is that statutory registration is required in order to offer safety to the public and the protection of practitioners' titles. It is interesting to note that Milton (2006, pp. 121-2) states that the public has suggested natural medicine practitioners are in a position of trust. Yet more recently, Lin et al. (2009) conclude that statutory regulation is warranted because among other reasons there is a particular risk related to interaction of herbal medicine and pharmaceutical drugs. Much of the present thesis has identified ways in which natural medicine can and does differentiate itself from orthodox medicine and also the value of drawing the two together. It is therefore ironic that this carries with it a particular risk. Each of the reasons for statutory regulation offered by Lin et al. (2009) is double sided in a similar way. Despite the perceived net public gain from regulation, there are costs identified to the practitioners in the form of registration fees and upgrading qualifications. Other positive outcomes identified include the development of shared communication and referral mechanisms between orthodox and natural medicine practitioners. Given the history so far, the speedy development of such mechanisms seems unlikely.

In Canaway's study (2009) five practitioners favoured statutory regulation, two opposed it and one vehemently so. In the study reported in this thesis, the entire cohort was staunchly supportive of the self – regulation model for practitioners.

In both studies, some practitioners were concerned that statutory registration would threaten the integrity and underpinning philosophy of natural medicine, highlighting once more the suspicion of traditionally scientific and bureaucratic structures. This concern appears for many to outweigh the survey by Bensoussan et al. (2004) reported in Canaway (2006) which found that perceived benefits to practitioners of government regulation included professional status (78%), standards of practice and education (73%), to research infrastructure, (58%, postgraduate education (59%), access to scheduled herbs or other substances (55%), quality of herbal medicines and other product (46%) and definition of occupational boundaries (41%). Although the Traditional Chinese Medicine [Victoria] group were promised access to scheduled herbs it should be noted that this has not occurred ten years post statutory registration of these practitioners.

The first section of this chapter details the criterion that must be met to gain statutory registration including an analysis of each point which is offered to inform the reader as the requirements that are needed to be met to achieve statutory registration are generally known.

My analysis has been strongly informed by the views of the cohort and my long-standing involvement with the Australian Traditional-Medicine Society, especially in its current quest to unite and formalise the recognition of the profession where regulation has formed the hub of this issue.

The second part of this chapter includes the views of the participants and supportive references are inserted to add depth to the discussion. Some references date back twenty years yet are particularly relevant today. While a common label is statutory registration, often the term is interchanged with licensing, accreditation and regulation.

What has created confusion within the profession of natural medicine is that some modalities within the profession have been statutory registered, while other groups strongly resist any move toward it. It is felt the model of statutory registration is not suited to the natural medicine profession and is more appropriate to orthodox medicine for which it was initially developed due to the potential harm that may occur from using the very powerful drugs and surgical procedures in their day-to-day practice.

In earlier sections of this thesis the comments about nomenclature, commercialisation and reasons for the growth in natural medicine from fourteen leaders in the natural medicine field have been included. Apart from issues associated with nomenclature, commercialisation and growth in natural medicine probably the major issue of current and ongoing interest in the field is statutory registration. This chapter commences with an overview of statutory registration criteria adopted by each state government. Each criterion is presented with details I have developed drawing on several commentators. I have prepared this material in my various leadership roles in the field. This material is presented as a scene setter for the comments which follow from the participants in this research project.

Statutory registration criteria

The criteria associated with statutory registration have six points, and these must be proven in order to meet the government standard. To understand the complexity of registration the six points are listed and a brief discussion follows:

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?
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?

The following section discusses each aspect of the requirements:

Criterion one

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 Medicine group falls under the domain of Health Ministers. The products used by practitioners within this group are governed by *The Therapeutic Goods Act (1995 Cth)*, 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 primary health care, preventive care, or a focus on wellbeing and maintenance.

Criterion two

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

This is the contentious point 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. Advocates for statutory registration sift through complaints made against natural medicine practitioners in an attempt to prove natural medicines and the services practitioners offer within the field are unsafe and the public need protection.

The government benchmark for the need of statutory registration is determined by the degree of risk that is involved with the modality under question. In order to understand the requirement and to highlight the length of time this debate has been ongoing the following information is offered and a reliance on one particular document is presented as it clearly illustrates the framework to this subject.

The paper *In the public interest? Regulating alternative medicine* by Arthur O'Neill was delivered to the Australian Pain Society, 17th Annual Scientific Meeting, Canberra, 10-13th March 1996. The following comments drawn from that paper 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 points to the need for statutory registration where there is evidence to suggest the profession under question is 'disorderly' and where a danger has been established. Although the following comments are dated, the information is as relevant today as it

was then. O'Neill (1996) draws on Knox [Health Minister for Queensland in the 1980s]:

... 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 ... Natural medicine has become so popular and used by so many this 'fetish' is evident today. The significant harm is actually broken into three sub-categories and O'Neill refers to these under categories (a), (b) and (c) drawing from a standing committee 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'.

The harm issue is one that would need a separate thesis to address fully; however for the purposes of this research a more appropriate option to statutory registration will be offered in the conclusion of this chapter as the risk factors when using natural medicine in the hands of a trained provider are minimal and certainly not significant.

A *Roy Morgan research report* (2008) supports the safety and efficacy of natural medicine. The heading *Roy Morgan research indicates high consumption and consumer confidence in complementary healthcare supplements* states 'The Complementary Healthcare Council (CHC) welcomes new research demonstrating that Australian consumption of natural supplements is high, with the majority of consumers believing these supplements are effective in maintaining or restoring their health'. The Roy Morgan research found that 75% of respondents had consumed a

vitamin, mineral, herbal and/or nutritional supplement within the last 12 months. Consumer confidence in the products is high, with natural supplements perceived to be fairly or very effective in maintaining or restoring health by 75% of respondents. ‘With figures like these, it is time government explored new ways of better using and supporting supplements as part of Australian mainstream healthcare policy. With dire predictions about spiralling healthcare costs, the benefits to the health of individuals and the nation’s budget would be substantial’. Executive Director, Dr Wendy Morrow said:

The research clearly shows that three out of four Australians believe supplements have a beneficial role to play in their healthcare and yet no government subsidy is available to support people in making these choices. Complementary medicines are still largely confined to the fringes of the healthcare system despite their obvious advantages in terms of few side effects and in disease prevention.

Key research findings based on Australians aged fourteen+ (867 people surveyed) in 2008 showed that:

- 75% had consumed a vitamin, mineral, herbal, nutritional or combination supplement in the last 12 months. 75% rated the effectiveness of supplements in maintaining or restoring health as fairly to very effective.
- Consumption of nutritional supplements has risen significantly from 28% in 2004 to 42% in 2008.
- Vitamin and mineral consumption remains popular with 63% of those surveyed taking these types of supplements.
- Overall, supplement consumption is consistently high amongst all age groups (14 - 55 & over).
- The majority of respondents indicated that they would try natural products before considering conventional medicines, with a higher proportion of these being women.
- Most respondents consider there is sufficient information on product labels in order to make an informed decision and believe they read labels carefully.

Criterion three

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. The professional activities of natural medicine practitioners fall within the boundaries of the Health Ministers and the Health Complaints Commissions. Other mechanisms are the professional associations that have education standards, strict codes of conduct and a complaints committee.

Criterion four

Is regulation possible to implement for the occupation in question?

If we look at the profession as a whole and not isolate a certain group as seen in Victoria where Traditional Chinese Medicine is statutory registered, it is not possible to implement. In order to comply with the standards set for statutory registration each discipline within natural medicine would need to put forward their individual case. If the profession wants to be seen within the wholistic paradigm, meaning not one discipline can offer all that is required under natural medicine, the profession must move forward as a group and have a ‘all for one and one for all’ mentality. To illustrate this point a list of the main natural medicine disciplines is included:

Discipline	Focus
Naturopathy	Usually incorporates nutrition, herbal medicine and massage and lifestyle
Western Herbal Medicine	Offers western herbs as therapeutic substances and lifestyle
* Traditional Chinese Medicine (TCM)	Incorporates acupuncture and Chinese herbal medicine and lifestyle
Ayurvedic medicine	Incorporates herbal medicine, nutrition, massage and lifestyle
Massage	Has many subsections including Swedish massage, therapeutic massage, acupressure, reflexology, reflexognoisy
Homoeopathy	Energy based ingestible medicine, massage, nutrition and lifestyle

Table 8.2 Main natural medicine disciplines

* TCM is statutory registered in Victoria although no other state of Australia has followed, at the time of writing this thesis, however it is almost certain that TCM will follow the statutory registration model in the near future.

Criterion five

Is regulation practical to implement for the occupation in question?

The implementation of statutory registration is not practical if natural medicine is to remain in its present format where several disciplines fall under the category of natural medicine. The profession would need to define each modality, offer evidence that the discipline may cause ‘significant harm’, thereby proving the public needs to be protected, and then there would have to be many boards set up to administer each discipline. Clearly, it is not practical. If all the disciplines within natural medicine were to be statutory registered then each would need to prove they may cause ‘significant’ harm and this would not be possible nor practical.

Criterion six

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

One very real issue is the cost to administer such regulation as it would be quite high and the consumer will pay the costs as the practitioners have no choice but to raise their fees. One reason for increased cost is that once the profession has admitted they have the potential to cause significant harm, their insurance will increase dramatically, and the profession under question must fund the board that is set up as part of statutory registration.

When assessing the above criteria the people treated each and every day must not be overlooked. Is it them calling for something to be done about the natural medicine profession or is the focus on another group? The consumer decides; that is who natural medicine practitioners treat; consumers are the core of their businesses. What do they say?

There is a resounding voice of acceptance via the quiet, yet powerful, revolution being spearheaded in favour of the natural medicine profession, not against them. They are the well educated consumer providing natural therapists with an opportunity to continue in practice and be sought out by those seeking options to their wellbeing issues. Consumers are voting with their feet. Would they continue to support a profession if significant harm was evident? Would they choose to pay out of their own pocket for consultations with a natural medicine practitioner if there were real safety issues? As natural medicine is founded upon 'do no harm' and empirical data confirms the safety of the therapies, criterion number two cannot be proven.

It becomes quite confusing to the profession when they are told by some within it that statutory registration is the preferred way, however, the confusion exists where the experiences of the profession suggest safety is seen as a strength. The question must be posed 'why is statutory registration being suggested and by whom'? To meet the statutory registration requirement there is conflict as the philosophy that underpins natural medicine — safety in practice — is questioned. If there was a major safety issue it would have come to light by now as more and more consumers turn toward natural medicine. This is not to say there has not been some harm caused through natural medicine; but could it be deemed as 'significant'? Statistics tell us no.

Khoury (2008, p. 14) suggests that '...of the 45,807 complaints made against healthcare practitioners and services in NSW and Victoria, only 0.6% were made against complementary medicine practitioners'. The previously cited Morgan research data further supports this claim.

What do the participants of this study say?

The profession has been exposed to discussion, debate; scaremongering and egocentric campaigns both for and against government control of the profession for the past forty years. Within the profession there has been serious division when it comes to the topic of registration. As various associations have their preferred model there has been no shift to develop a model and have it nationally endorsed, until now. In turn, this has led to conflict within the profession and practitioners are caught up in the debate, leaving them concerned and confused.

Questions were posed to the participants in relation to regulation of the profession as they have all been involved in this debate spanning many decades. Their opinions were sought to offer clarity and guidance. Throughout the interviews many subjects were covered ranging from suggestions that government-monitored self-regulation already exists to discussion and reasons why there should be a strong resistance to statutory registration. Each participant had personal and professional experiences to share.

Several participants felt the profession was already government-monitored and self-regulated and offered:

In some ways this [government-monitored self-regulation] is already of benefit to us as that is generally what is happening at the moment ... from the beginning we have worked toward it [government-monitored self-regulation].

We have this model as the government oversees us through Health Complaints Commissions already ... although they do not have much to oversee as we are very safe always have been and always will be if we do not lose our way ...

As I have been very involved from the start really with associations in their infancy we were always mindful to do it right and we have done that. We are a proud profession with all the protection in the place for the public. That was no accident you know we are government-monitored and very much self-regulated. We should not let that go ... never let that go

You know for years I was in favour of stat reg [statutory regulation] and even helped to push for it in the NT [Northern Territory] then I knew it was wrong, very wrong it is not for us...

One participant acknowledged the government regulation that already exists but offered the need to formalise:

... we are [emphasised] government-monitored but we need to have this formalised, much more than it is at this point in time ... engage with government more but we have lots in place to show we are professional and serious about what we do.

Weir (2005, p. 31) supports the claim that the natural medicine profession is regulated by government already as he notes:

Those health professions that do not enjoy the status of registration include most CAM [Complementary Alternative Medicine] practitioners. Their practice is nevertheless regulated by:

- The common law (including civil law) liability in negligence and criminal law.
- The scope of practice provisions of registered professions.
- General consumer legislation and other generalist legislation.
- Health complaints legislation.
- *Therapeutic Goods Act 1994* (Cth) and state equivalents.
- *Privacy Act 1968* (Cth) and state equivalents.

... professional associations provide a measure of professional control ... all associations have a code of ethics that attempt to impose ethical standards on practitioners ...

One participant suggested the need for associations and the profession to influence the process:

I think that the government-monitored self-regulation model can be very good as long as the associations and the profession ... is able to have an influence and a say ... not be brushed aside ... and the board is not made up of only doctors and bureaucrats ...

Many participants were totally against the idea of statutory registration. These objections included rising costs to the consumer and the practitioner, diminishing freedom to practice, caution about government intervention and about the mindset of government. One participant offered a resounding no to statutory registration and expanded on the reasons for the rejection of this model:

Registration to me is something that is not what many would think ... it holds the possibility of incredible problems for us ... it is suggested that registration brings respectability and with respectability comes class, with class the worst excesses of professionalism exist as ownership takes over and the resulting situation is where we see radical, dissenting aspects that moved us forward ... what caused the renaissance has died ... I am not for registration ... I am all for recognition but not statutory registration ...

Another objection to statutory registration was that with government regulation, costs would rise significantly:

... I know from personal experience from observing other professions that have gone the government regulatory route all costs rise and insurance goes up, membership fees go up, the degree of paperwork goes up ... you look at chiropractic, nursing ... physiotherapy ... given the relative harmlessness of natural therapies, we could quite happily supervise our self in our own regulatory system as we presently do and have done for many decades ... once we became popular through the great work we do then someone wants to control us ...

I know all about it I was there from the beginning pre Webb actually so many costs with no benefit to me as a practitioner I have title protection but it is not worth what I have to pay for it.

Adding to the mix two participants saw the diminishing right to practice as a concern:

My concern about government control will be on diminishing our ability to practice. If we look at chiropractors and osteopathy for example in relation to x-rays they could do their own ... in the 1980s when they got registered they could no longer do them. It was called the National Health Scheme in those days and Medibank now. It has been twenty-five years and still they [chiropractors and osteopaths] do not have access to Medibank and they do not have access to hospitals. I know there are ... colleagues who think that government registration will give us credibility but it still does not give us anymore credibility than we have now ... it will not have any difference on our practice nor for our patients ... except pay higher fees ...

The question to ask is 'what impact will it [statutory registration] have on our practice?' In the first few years probably nothing. The government will hold up a carrot and say we can have access to scheduled herbs. They told the Chinese herbalists in

2000 and we have passed 2000 and nothing has happened. There will probably not be much of a difference other than higher fees, advertising rules; what you can and cannot advertise, change of address and notify within fourteen days or else. Inevitably then there will be restrictions. ... the potential problem is that it is government controlled government intervention. The bureaucrats will stuff it up and the practitioner receives no benefit.

Several participants referred to other professions to support their opinions and one included reference to the Webb Inquiry, another to the registration of chiropractors and one to physiotherapy:

A classic example is physiotherapy. In Australia it was purely a natural method of treatment. It does not have any drugs etc. In the 1930s and 40s a bunch of practitioners were producing good result ... they felt they needed to formalise ... they have lost what they had, how sad.

After the Webb inquiry, the profession was split. Governments thought fit to register chiropractic and osteopathic professions but naturopathy and the various modalities it [naturopathy] represented were told to go away and define themselves more clearly and unify ... it was a good thing we did not fall under the requirements as registration never offered the groups that became registered the many things they thought they would get, such as working within hospitals, etc ... and equal partners with the medical profession.

... having come through chiropractic registration myself I am definitely in favour of self regulation ... we will need to define who we are and what we do and what we as a profession mean by the term government-monitored self-regulation ... we have good solid ethics ... insurance statistics would support our safety as practitioners and we are a low risk profession ... that will work for us ...

... everything is in place to create our very own model; a model we can control; a model that caters to safety of the public yet support the practitioner — we may be our own worst enemy to achieve this the profession must come together ...

Participants drew attention to the mindset and intervention of government. In particular they suggested the regulation of natural medicines is at odds with the philosophy that underpins the profession and conflicts with the required standard to

meet statutory registration. Participants drew on personal observation that spanned several decades and drew on their own experience and that of the medical profession:

... [natural medicine] is under the biggest challenge that it has ever had ... advice that was offered to me was 'do not bother about registration, keep the government out of your business' ... the problem with orthodox medicine was in the 1950s they allowed the government to get into their business ... see what has happened ... keep the government out of your business if you can ... learn from orthodox medicine.

One participant extended on the effect of the mindset of government and used the example of product regulation:

There is only one problem that we have and that is the mindset of government in particular the mindset of the regulator ... we regulate these products [natural medicines] as drugs in Australia almost uniquely. Most other countries in the world regulate them as foods or food supplements or dietary supplements ... we regulate them under the drug model. The regulator is full of people with that sort of education background and bias in what they do and the practice of natural medicine is no different ... I have many friends who are doctors, had them for many years and they are increasingly unhappy with the government and control they face every day. You know groups of doctors are uniting to fight for their rights to offer medicine as they see it and they are very jealous of our freedom you know and we have some in our circle some folks who want to be like doctors ... they do not know how dangerous this is.

The model that all participants in this study preferred was one that provided the profession with an opportunity to self-regulate, with an official recognition of the existing form of self-regulation as the general feeling was that professional associations were proving able to oversee the profession:

If we could get to choose self-regulation and have it formalized and accepted by government, that is a much better way to go ... I think professional associations ... should have enough assets and ability to represent our interests; to protect our interests, to debate our interests, rather than pushing for this government registration ...

Actually I think the industry knows how to look after itself. It has been growing and evolving and we have done wonders over the past few decades. Now we see many wanting to come in and destroy the fibre of what we are about ... if we allow statutory registration it will restrict our growth and limit us ... our growth has been our strength

and this has occurred due to us creating our own direction and being responsive to market needs ...

In addition to the above comment another participant offered reasons why it is not practical to want statutory registration and this comment links to criterion five:

The reason perhaps for there not being registration for the general population of natural therapists, although I know there is for acupuncture and Chinese medicine, is partly because of the proliferation of disciplines and modalities which have grown and expanded over the years; an increase in knowledge in the profession over the years, research confirming the efficacy of the treatments we use. I think a lot has happened in terms of unification over the years and we have major associations that take care of the vast majority of natural medicine practitioners ...

Participants expanded the discussion and linked the make-up of the board, the ramifications to the profession and several other aspects to their reasons for rejecting statutory registration:

Obviously, government-monitored self-regulation is the chosen path ... in fact there is absolutely no need for [statutory] registration ... I think that some of the idealists out there think they will have control and I just laugh because they think they are going to control the board [the registration board] ... they are ill-informed ... watching what happened at first hand with chiropractors and osteopaths, and lately the acupuncturists ... that whole acupuncture thing was a farce. It did not achieve what they set out to achieve. They wanted to block the medical doctors having the quickie courses and instead, all it has done has brought the restrictions upon themselves and the medicos are registered under a separate act, the Medical Act ... all that was gained is that the safe practice of acupuncture is now having to pay \$600 extra a year, plus double the insurance that they have had to pay previously. I think it would be interesting to see whether it puts more patients into the practices ... I doubt it ...

According to information I have seen in my professional life as a practitioner and leader within the profession I do not believe there is an argument for statutory registration ... I believe our profession is mature and effective ... our education is second to none ... we are not pretending to be doctors ... we are different and we can survive and thrive without statutory registration. I have seen evidence that statutory registration is counter-productive ... it achieves nothing new ... our practitioners say they want it but do they know what it is and what it means? What are the ramifications?

It is driven by people who want to protect their own self-interest. Who authors the information about this model, mostly people who are not working in clinical practice? If we are registered we will be accepted, is a common argument, but we are [emphasised] accepted. Over the years we have come out stronger. Over the past decade we have made many changes and that has been very positive.

Two participants suggested that with full government regulation, non-practicing practitioners would take up positions on boards and executives of associations:

... those who are not in clinical practice, who cannot make it in clinic take up positions on the executive of associations. They take up executive positions, decision — makers, policy makers on the association. You give me a list of twenty associations and the names who are on the executive and I guarantee you 80% are not in practice, they are qualified yes, but they are not in practice ...

It is very interesting to note that over the past twenty years to have observed those who actually want, even demand government intervention or control, many are not in clinical practice ...

Some stakeholders pressed the safety issue in calling for regulation of natural medicine. Participants offered their opinions and were very sure that the application and use of natural medicine was very safe:

... oh I was there from the beginning of this subject, right back to the 60s and I am still here today and know that we must never go the stat reg way ... it is not for us never have been and never will be, unless we give over who we are and what we do... if we act like doctors then we have to fit in on their boards... but we are not there yet - are we?

... questions of professional responsibility arise for all practitioners as they contribute to the debate on how governments can best balance public safety with the autonomy, the freedom of choice of individuals ... how lucky we are to be safe: so safe yet so effective.

Clearly we are safe and low risk but that is not to say we are not effective we are both and that is why we are popular and will continue to be but beware the more popular we are the more we will be controlled if we allow it.

Our safety record is outstanding and that is in our favour ...we must be in control of research to constantly investigate our own profession ... collectively we see so many people on a daily basis and due to safety and caring those numbers are increasing ...

Continuing with the safety issue a question about proof arose and participants complimented the intelligence of the consumer:

First of all we have to prove it [natural medicine] is dangerous to get that registration. I do not think so [we are dangerous] and the judge of our profession is the general public and whether we do well or not is up to them and they are very discerning and we are doing OK ...to registration, no [emphasised]

Another participant suggested governments should focus on the harm caused by orthodox medicine:

You know we deal with a fairly intelligent society — they can make up their own minds. You do not need a government with an enormous and vast array of orthodox influence to sit in judgement of natural medicines, they should focus on the harm that is evident with government-funded medicines and let us get on with the job of helping the community who are supporting us more and more ...they feel safe and with all the negativity that has been thrown at us over many many years we have survived and that is without the big stick of government and the watchful eye of the medical profession ... in spite of all the negativity thrown at us we continue to thrive, interesting

Several participants incorporated philosophy into their statements in relation to the subject of registration:

The profession should be more clear [clearer] with what they are doing ... and define it well. This will benefit the profession and help build the 'right' model not take on a model that does not suit us ... concentrate on our philosophy and go from there

The approach of natural medicine differs [from the regulated professions] as our approach to health empowers the patient, it does not assume god-like status or the practitioners tend not to ... I find it is a field you can put a lot of work and energy into and feel that you are actually doing something useful, something worthwhile and that is part of our philosophy...

[Our philosophy] supports we do not fall into the category requiring statutory registration. We are on about wellness and this is the philosophy of naturopathy as

opposed to the philosophy of orthodox medicine. You still have your GP [general practitioner], there is nothing wrong with that ... I think that there is a recognition that your GP is better at differential diagnosis and things like that than what the naturopath is but then do not measure the naturopath by his/her ability to do differential diagnosis ... it is not the substance of naturopathic principles. On top of that there is increasing weighted evidence from a scientific point of view to justify the sort of things we have been doing. A lot of things we now have evidence for we did not have back in 1970 but we still used the same things we do today due to their traditional use. They [the doctors] do not understand the naturopathic philosophy as it is applied to wellness ... but they are seeing the results and they are envious...

... doctors are focused on disease and illness and they do not see the person as we do ... all due to their limited time ... I am sure that is why we are so popular and we must be clear about this and not feel we are not well trained we are and we must also work with the doctor ... we must get tests done and that means we are being safe ... safe and caring so working with and not against doctors will help the client and we will continue with our safety record.

Our type of healing is unique you know unique ... we have a totally different mindset about disease and illness we must be seen to be different as we are you know. We must be proud of our uniqueness and let us stop trying to impress the medical profession rather stand up and be recognised as practitioners in our own right and all our wonderful therapies ... surely we have earned the right to do that with our proud history.

Conclusion

Overwhelmingly, participants were in favour of a government-monitored self-regulation model rather than statutory registration. This is in essence what the profession currently has; the difference is there is no formal recognition by state or federal governments.

Statutory registration is one option yet there are several others such as licensing and government-monitored self-regulation which is essentially co-regulation. There is always the possibility of the natural medicine profession developing a totally new model yet there has not been any indication that any group is considering this option. At the time of writing this thesis, a group has formed to investigate the possibility.

Many considerations are offered in this thesis through the *collective wisdom* of the cohort interviewed. Considerations such as the following are offered as potentially negative outcomes of statutory registration:

- Rising costs to the practitioner and the consumer due to statutory registration
- Diminished rights of practitioners as a result of statutory registration
- Government intervention and the negative impact on the freedom currently enjoyed by the natural medicine profession
- Unrepresentative make up of boards that would administer statutory registration
- The diminished recognition of the uniqueness of the natural medicine profession with its focus on safety, wellness and prevention as distinct from orthodox medicine
- Lack of acceptance of safety and efficacy of treatments

The comments offered by the participants reflect an educated and experienced understanding of the subject and provide valuable information to the present day leaders of the profession to consider. The following succinct comment offered by one of the participants concludes this chapter:

You have to understand the basic business of government. Government only gets interested when something becomes popular. Government was not interested in our business when it was small. When it gets big they start to get interested, it gets a bit of attention. So if government then decides they should regulate then you have self-perpetuating nature of the bureaucrat as they need a budget so where do you get the money from? You get it from two principle sources ... licensing or registration. If you want to control practitioners then register them ... this money funds a regulator who has the wrong mindset ... so with practitioners we should learn from the product area ... practitioners must self-regulate ... to enter into statutory registration there must be a demonstrated need; where is the need?. Where are all the people dying in the street from going to naturopathy? ... And as to the safety argument, registration, of itself does not offer safety ... doctors are registered!

Chapter ten will offer a suggested model for the profession to consider.

Chapter nine

Increased use of natural medicine: The future: views from the field

Introduction

I think we have to remember that the pharmaceutical industry, as we know it today has been singularly and spectacularly the most successful business in the last century, surpassed by the IT business in the last ten years, and hopefully by the wellness revolution in the next ten years.

Marcus Blackmore

Sitting on the crest of the wave of change, natural medicine is in the spotlight. It is being used by consumers and researched and taught to an advanced academic level. This profound change has occurred over only three decades. With these changes and increased acceptance, the question arises ‘What is the future of natural medicine?’ To answer this question it was appropriate to ask the participants in this project about their experience and understanding about the profession, where it has come from, and the key dangers we may face in the future.

Many points emerged from the interviews and although most of these have been raised in previous chapters the comments provided here relate specifically to the future of natural medicine. The following list indicates the key points that emerged from the interviews:

1. Orthodox medicine is in crisis
2. The public will continue to lead change
3. Education is crucial and expanding
4. Nomenclature needs to be clarified
5. The wellness revolution has broad implications
6. Natural medicine should be adopted in hospitals
7. The political role of natural medicine practitioners and associations
8. The role of science
9. Maintenance of the philosophies of natural medicine
10. Unity of the profession

11. Regulation of the profession

These points will be discussed and consideration provided as to how each of these may lead to a positive future. Although there were some negative comments about the future, most participants were eager and excited about where natural medicine is heading. That orthodox medicine is in crisis was a specific focus of the cohort when considering the future of natural medicine. The perceived parallel crisis of orthodox medicine and the increase in acceptance of natural medicine was mentioned often by the participants.

Medicine is in crisis

Iatrogenic illness, serious adverse reactions to prescribed medications, declining visits to the doctor, lack of time spent with patients by doctors who develop a ‘cookbook’ style of treatment, lack of focus on the mind-body-lifestyle link are some of the reasons natural medicine is increasing in popularity and enjoying exponential growth. These points lead this chapter as they form the foundation for natural medicine practitioners to build a strong and vibrant future. This chapter includes reference to research findings that reinforce the opinions of the participants. There is strong agreement between the two sources of material.

When referring to the future of the profession, the participants in this study generally agreed that doctors will need to work with their clients in a more holistic way. This thought is also supported by doctors and authors. There was no distinction made between general practitioners or specialists working within the health care system.

The future looks very bright for natural medicine practitioners as doctors struggle with their clinical practice. Dworkin (2001) describes the practice of medicine:

In an era of managed care, doctors keep a firm and unremitting control over their time, their labor, and most important, over their mental and emotional powers ... the ideal visit lasts no more than 15 minutes. Doctors keep a tight schedule for two reasons: to maximize reimbursement by seeing as many patients as possible and to husband their strength for the activities of private, non-professional life. In order to get down to business as quickly as possible, doctors put their patients into diagnostic categories, at the very least because insurance companies will not reimburse for care unless a patient

has a diagnosis. From there, doctors draw on a variety of algorithms to treat the patient. The result is extremely efficient patient management, though somewhat cookbook.

In relation to the future the following quote may serve as a guide. According to Dworkin (2001)

Important changes in both the medical profession and organized religion have caused the influence of these two institutions to decline. Many people now see the medical profession as too busy and too science-oriented to care about their everyday troubles, while organized religion seems totally irreverent and anti-modern. As a result, people's lives have been swept outside of their normal channels and scattered among innumerable disciplines that make up alternative medicine. Alternative medicine lies between the medical profession and organized religion, and so benefits from the decline of both. Life once forced people into the hands of medical science or religion. Now a hybrid is there to receive them.

In the current study, there was a general view that modern allopathic medicine is in crisis to the point that the public will seek out more consultations with natural therapists than with doctors. If the comments provided by the participants are correct then the future for natural medicine is very bright. One participant has written extensively on the subject and offered the following quote in the interview:

... in America there are more visits to natural medicine practitioners than there are to doctors and I have statistics to support that and there is further evidence to support the fact that visits to doctors in Australia is in decline and visits to natural medicine practitioners is in its ascendancy. I have researched this subject and suggest that in ten years the visits to natural therapists in Australia will exceed those of doctors. I suggest that when that happens will biomedicine be referred to as complementary medicine — or alternative medicine?

One reason supporting a positive future for natural medicine is the adverse effects caused by orthodox medical treatments. Dr Michel Ellis, head of the Medical Renaissance Group in Australia, in a personal communication to me (July 7th 2008) suggests the treatment of illness by the medical profession is now the fourth commonest cause of death in western society.

The 'Quality in Australian Health Care Study' (QAHCS) published in the *Australian Medical Journal* (1995), reported that 16.6% of hospital admissions were associated with an iatrogenic patient injury, termed an adverse event (AE). This is equivalent to 18,000 people being hospitalised or dying each year because of medical mistakes. Scott (2006, p. 4) offers 'health care itself incurs a direct cost in this country of up to \$2 billion a year in dealing with health care-related adverse events, combined with another \$400 million a year in legal and compensation expenses. This bill is likely to continue rising as health care becomes more complex and vulnerable to error'.

One participant in the current study commented on extensive research they had conducted in relation to the popularity of natural medicine and the waning support of the doctor within the community:

... in Australia for the past three years the actual number of visits to the doctor is in decline while visits to natural therapists is in its ascendancy. I can also quote the paper that said in 10 years the visits to natural medicine practitioners in Australia will exceed those of doctors. I say that when that happens will biomedicine be referred to as complementary medicine or alternative medicine?

An article by Starfield (2000) that appeared in the *Journal of the American Medical Association* showed that doctors are the third leading cause of death in the United States, killing 250,000 people every year.

Not all doctors see the need to change and therefore, resist any move toward accepting natural medicine. Reinforcing this point Dworkin (2001) a legal theorist and scholar states:

... the medical establishment looks at the phenomenon [of complementary/alternative medicine) with restrained anxiety. Many doctors think of alternative medicine as something shady, the way doctors have traditionally viewed homeopathy and chiropractic. While this view is changing – more than 70 American medical schools now offer courses in alternative medicine – doctors are still unreconciled to its popularity, and they often adopt an attitude of semi-indulgent contempt.

In response to the negative aspects of the medical profession there is an emerging model that addresses some of the issues that have caused concern. The future of

natural medicine is bright when we consider further the words of Dr Michael Ellis in a personal communication (December, 2008):

The new medicine, however, encompasses a healing approach, which sees the individual as mind, body and spirit and also as an aspect of community, environment and culture ... globally we live in a political system motivated by fear and scarcity, there is no reason why we should not extrapolate these as being some of the causes of the enormous degree of cardiovascular disease and depression and stress seen in society ... as doctors we need to be aware of ourselves as healing agents, and therefore agents of political change.

Walters (2008, p. 22) cites Dr Eggar, head of the Lifestyle Medicine Association:

Doctors are expressing total frustration that all they have to prescribe is a pill. They tell us patients are coming in with all sorts of problems related to the way they live, and we want an alternative ... lifestyle medicine is an evidence-based approach to adding motivational, behavioural and environmental components to clinical practice.

In keeping with and supporting the view that doctors are seeking alternatives Gruen (2008, p. 685) offers support:

Most doctors now seem to accept that their expertise should include knowledge about social determinants of illness and access to care and that, even when they are not personally involved, it is important that the profession provides a responsible expert voice on such determinants in public debate.

Doctors are changing their attitudes and evidence for this is offered by Waters (2008, p. 22) as she refers to the statement by Marcus Blackmore, executive chairman of Blackmores that record profits 'are the result of changing attitudes among doctors'.

In addition to the above statement one participant offered:

We must be bravely independent and play a leading role in what we want our profession to be not be manipulated by the medical profession. What is surely required from government is a totally new approach to health-care policy which promotes self-reliance and shifts the emphasis from a pharmaceutical drug-based government subsidised disease model to a wellness model where individuals accept greater responsibility for their own health. The responsible use of complementary medicines underpinned by appropriate regulations is a vital element of that self-reliance. From

the political perspective there needs to be a balance between consumer freedom of choice with respect to complementary medicines and the assurance of appropriate levels of public safety, quality and efficacy. It really is a question of informed access for the public to choose to use complementary medicines and who are no impost on the public purse.

Such comments are reiterated in the article *Pandemonium: Government Health Policy and Complementary Medicines* by Marcus Blackmore, (2003):

To conclude this section there is a timely and sobering reminder offered by one participant who suggests:

No matter how many doctors and nurses want to integrate our therapies, they have to be able to apply them and take the time that is needed to get the result...

There is a shift occurring in the marketplace and it is important that natural medicine practitioners are aware that general practitioners and other members of the medical profession are changing.

The public will continue to lead change

Several references to the role the public plays were offered by the cohort in considering the future of natural medicine. They presented the public as playing a dynamic role in instigating change.

These included statements regarding public responses to the time spent in consultation, that the consumer is paying for their own consultations and also suggest that the use of natural medicine by the public is increasing.

An additional thought offered by one participant in relation to the role of the public referred to the time taken in consultation being a leading reason why the future of natural medicine was positive:

When they [the public] found they could sit and talk to us about anything for an hour or so this was of great interest to them ...when orthodox medicine woke up to how many of us there were and how successful we were then it was too late ... for the public had adopted this type of medicine ... the public will keep coming and paying from their own money ...

Expanding on the dynamic role of the public in relation to the acceptance and use of natural medicine one participant offered that the public prefer to use natural medicine practitioners irrespective of their level of training:

The public were choosing their preferred medicine and voting with their feet, and paying for it from their own pockets. The doctors are alarmed that even with all their university training, the public are rejecting them, preferring to use the services of uneducated quacks. The doctors claimed that the public had to be protected from their ignorance but their real concern was their diminished market share and it still is ...

Another participant reinforced the view that the public were supportive irrespective of scientific validation:

There is no sign of the public's support for natural therapies abating, in fact, it is increasing ... science or not

Education is crucial and expanding

The issue of education arose with only a few of the participants. Although the comments were limited, they are included due to their relevance. The education of natural medicine practitioners has seen dynamic and profound changes over the past three decades. Perhaps one of the most extreme changes has been the movement of natural medicine education from private colleges into universities and the provision of higher degrees. Some of the participants viewed this shift as being a positive step in bridging the gap between natural medicine practitioners and other health care professionals. They believed that leaders in the field who have tertiary degrees will have more influence in policy development in the natural medicine profession.

One participant provided comment that:

... as natural therapists are becoming more educated and doing degrees, PhDs and Masters ... they are integrating themselves into university ... over time they will influence the policies of both orthodox and natural therapies ... for some reason, if you have a degree ... then orthodox medicine seems to think that is OK ... naturopathic medicine will start to take notice of these people.

An interesting extension to this subject was offered and included the problems that may arise in the shift to higher education. To mandate university degrees for all practitioners, rather than leaders and teachers in the field, was seen to be problematic.

One participant saw the shift to higher education, as an entrance into natural medicine professions as a negative. Practitioners would graduate as ‘allied health’ professionals, and as such would not be aligned to the philosophical underpinnings of natural medicine and what they stand for. He saw the term ‘complementary medicine’, as a similar danger in potentially undermining the uniqueness of the profession:

If we accept the term complementary medicine and if we do what they [universities] do, graduate people as allied health care practitioners, the future will basically be ...we share a relationship to allopathic medicine similar to the physiotherapists, occupational therapists, pharmacists and nurses. At the end of the day the herbal medicine renaissance game will be tamed and 2000 years will be lost ...

Another participant offered cautionary advice:

... it is entirely the work of the private sector, which faced hostile criticism from the medical establishment, particularly from the universities, with substantial government subsidies, are now seeking control of natural medicine education and, therefore, its professions ..the natural medicine paradigm is threatened by university education which seeks to make natural medicine more scientific and less holistic.

The accuracy of this statement, placed within the context of analysing perceptions of the cohort and not suggesting it is right or wrong, was confirmed by the following quote which appeared in *The Age* newspaper. The heading read ‘Code sought to stop shonky naturopaths’ and went on to say ‘Figures released recently confirm the view of critics that many naturopaths are practicing without formal qualifications and that registration should be introduced to protect patients from shonky practitioners’. This article reported that ‘in 2006, only 43% of naturopaths and homoeopaths had a bachelor degree or higher qualification, compared with 92% of chiropractors, 87% of osteopaths and 72% of Traditional Chinese Medicine practitioners’. In the same article Angela Doolan comments ‘the low percentage of qualified practitioners highlighted the urgent need for the government to set standards of minimum competency for naturopaths’. This infers there are no national standards for natural medicine education which is totally misleading. There is a national standard that has been developed in consultation with the natural medicine profession and is set within the Health Training Package. The standard does not set the benchmark at University

degree level. Professor Vivian Lin, a university academic, is reported in the same article calling for the ‘introduction of registration of naturopaths and Western herbal medicine practitioners’ ... and continues to suggest professional standards are ‘ad hoc and inconsistent’ yet ignores the standards that have developed over many years and endorsed nationally.

This article clearly shows there are moves to set the education standards to university level as the minimum entrance without consultation with the profession. This elitist mentality may be the death knoll for the profession that shaped a dramatic change in health care if we do not heed the advice offered by this cohort.

Nomenclature needs to be clarified

Although the nomenclature associated with natural medicine has been covered in a previous chapter comments by participants were expressed and linked to the future of natural medicine. One participant offered:

We must sort out the name to identify our practitioners, alternative, complementary, integrated, complementary alternative, the list goes on. The media, allied health professionals, academics, bureaucrats and the public must be provided with the name we [emphasised] agree on and then we all use it ...

It was decided that to help sort out the confusion pertaining to nomenclature and the future, opinions would be sought in interview about use of the term **natural medicine** to identify the profession at large. The example that was given was to identify all natural medicine practitioners under one umbrella profession and to identify specialties additionally, i.e natural medicine practitioners specialising in their chosen modality. All practitioners would maintain their title and be recognised as such, yet be identified as a larger group. The following are the responses:

One thing we must work on is to reclaim titles that have been lost. We have not fought enough against universities ... they have taken away the traditional term naturopath ... I think to use terms that we want is a starting point...

I am in favour of retaining the term naturopathy ... as the core name ... although I think the consistent term mentioned [natural medicine practitioner then choose their specialty] could be useful.

The profession needs to be more clear [clearer] with what they are doing and who they are ... instead of worrying about ..this is my [emphasised] technique, it is all very confusing ... consistency is important ...

I think that suggestion is very clear and could be quite positive for us ...

I like it ... I think that would be very good.

I used to like the word healer but I can see problems with that ... so natural specialist specialising in; absolutely but they could specialise in a number of things ...

The idea of the specialty is a good one, explore a specialty and be good at it ...

Well I think it would make it a lot clearer for people because then they would have an understanding of what this person's doing rather than just stating, I am a natural health practitioner, I am a naturopath or whatever ... it would make things a lot easier to understand a good thing to work on for the future.

I can really cope with that idea, I would be happy to use it.

I think it is good because you are going to get the dyed-in-the-wool homoeopath, herbalist, chiropractor, nutritionist etc who will not forsake their field as they have their own philosophy and direction but to keep the name and link to one generic term, that could work and help to develop stability in relation to terms for future practitioners ...

One participant resisted this idea and felt we should not move away from the term 'complementary medicine' as it was a term that had become accepted and it would create confusion; confusion the profession could well do without. The following comment was provided when canvassing aspects to consider in relation to the future and is therefore relevant in this chapter:

In 1996 the government coined the term complementary medicine at the summit you [the researcher] was at. Complementary medicine is a terrible term but it is a term I use all the time and I notice it is a term that is becoming more and more accepted. We have to use a term that is consistent, we have to use a term that government can relate to, we have to use a term that academia can relate to, we have to use a term that the media

can relate to. It is self-defeating to call it natural therapies one day and alternative medicine another day, drugless therapy yet another day ... it is so self-destructive. We did not have the guts, we did not have the intelligence, we did not have the foresight pre-1996 to call ourselves a name, government did it for us ... widely used in Australia some variations overseas but generally, internationally it is a name that is known and accepted ... do I like it? No. Am I going to do anything about it? No ... it offers cohesion, some form of identification ... the term natural medicine has fourteen meanings ...

In contrast to the statement presented above one participant offered this:

Natural medicine practices are ... referred to inappropriately as complementary medicine. The debate over titles has political and social implications so will no doubt continue into the future. Some academics appear to be meekly falling into line and accepting what they see as an international status quo, a dominant world's view; but these terms are inappropriate and need to be resisted ...

The wellness model revolution has broader implications

Within the world of natural medicine there is a focus on wellness rather than disease and illness. This 'wellness revolution' seems to be gaining ground in the media and public health commentary and policy. As part of the Health Policy put forward by the Federal Labor Party, prevention is on the agenda and the Labor Party has made a series of key commitments associated with preventive health care. Nicola Roxon is reported as saying, 'We'll establish a National Preventative Healthcare Strategy, supported by a permanent taskforce to provide advice to government on preventative health programs and strategies'. The Lancet (2009, p. 1073) reports 'Nicola Roxon is a highly personable, intelligent, and committed politician who, unlike most of her predecessors really 'gets' prevention'.

Natural medicine practitioners have a special contribution in terms of maintaining wellness, treating illnesses and focusing on prevention as a mainstay to their clinical delivery.

Although clients attend natural medicine clinics for the express purpose of gaining treatment for their disease/illness, the practitioner offers a different view and talks in terms of wellbeing and prevention rather than health, disease and or illness. The participants within this research generally agreed when referring to the future of the

profession that doctors will need to work with their clients in a more wholistic way and include the client's selected natural medicine practitioner. The comments to support this idea were stated as follows:

Doctors should be prepared ... to work with their patients, to work with these people [natural therapists] ... if the patient finds it works ... it should all be about the patient getting better and seeing their wellbeing improved.

We can be the primary source of wellness as that is what we do.

The concept of wellness and prevention is not the view of natural therapists only. There is support found in many areas ...

One participant pointed out that existing support includes politicians and referred to the then Federal Minister for Health, the Hon. Tony Abbott, MHR, who endorsed wellness and not sickness in his media release of 6 February 2004 when he stated:

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.

Media coverage debates the wellness industry and reports have been noted in the most unusual places. For example, in the *Business Review Weekly*, Walters (2008, p. 22) it is noted:

The stars have aligned for the 'wellness' industry, an odd convergence of health services, beauty, fitness, nutrition and complementary medicine. Emerging from the pampering services of five-star hotels and coalescing within the stressed-out urban professional escape, the day-spa, wellness is worth an estimated \$US1100 billion (\$1160 billion) a year, Professor Marc Cohen of the health science unit of Melbourne's RMIT University says.

The expansion of the popularity of natural medicine has even come to be included in higher property prices. Walters (2008, p. 22) cites Professor Cohen from RMIT who comments, 'Wellness is even bringing in property development and real estate ... if

developers include a wellness centre — organic gardens, a walking trail, spa facilities and health services — property values goes up’.

The article further supports this claim by noting:

among developers are record sales and profits for companies selling alternative therapies ... Wellness was top of mind among leading thinkers on health at the 2020 summit, the word wellness appears 56 times, along with the sentiment that policies focused on illness are too narrow to deal with the growing problems of chronic diseases... (p. 23).

Such assertions reinforce both the cautions and possibilities noted by the participants in this study.

Natural medicine should be adopted in hospitals

Several participants who have travelled the world and observed the many shifts and changes in the acceptance of natural medicine felt the future was very bright for the profession and offered support for the claim that natural medicine will enter hospitals and be used widely. They believed that the public would play a leading role in this change and this was indicated in several interviews:

It is really great to see, there are hospitals all over America who are setting up natural therapies units ... all welcomed with their doctors and physios ... the public wanted it ... it will happen here ... I do not believe it can be stopped now ...

This [the shift toward the use of natural medicine in hospitals] will come about as the public want it — they will lead the way ... their demands will be met although the doctors may not like it ... the future will see this change ...

I think complementary medicine is only just starting [emphasised] to grow. I think it has an enormous future ... I watch what happens in Canada, England and America and different countries and watch that growth ... it is really spectacular. It is wonderful to see ... nurses are starting to offer our therapies so we must be cautious here ... we must maintain our rightful place ... it will move into hospitals; who will offer it is the question ...

One participant pointed out that certain treatments based on natural medicine were already offered:

Massage, aromatherapy and energy medicine is entering hospitals in Australia. The patient demands it and this will grow in the future ... patients demand their right to choose and to continue to use therapies they feel will help them. This is just the beginning. In years to come it will be perfectly normal to have massage or other natural therapy treatments while in hospital ...

Political role of natural medicine practitioners and associations

When anything becomes popular it gains attention and this is true when it comes to the world of natural medicine. Several participants were adamant that the profession must become more politically active:

Political acumen, for me, is the most important aspect of doing anything ... what changes things is not forming committees and having dialogue. It is the political grasp of the situation ... We are in a very conservative political climate and we need radical politicsWe need people who know the potential of political radicalism ...

... the one thing we are not good at but have to do is develop a political strategy. You know political support go to the pollies and let them know who we are and what we do we save them big money and that alone is worth bringing to their attention.

You know I was there right back at the Webb Inquiry and from that time I have always been of the opinion we should work, work, work to develop political links but I was not able to get many to see the importance of that it is still a very important thing to do and really should be done.

The advice offered here is very timely. At the time of writing this thesis there is a shift by many associations toward developing a stronger political profile.

The role of science

When questions were asked about the future of natural medicine the topic of science and scientism was raised as a consideration for the profession when deliberating on its future. This thought was expressed in the following way:

... scientific thought, or scientism claims to be objective, yet appears to have adopted an approach that ignores all other thought, leading to a peculiar form of closed mindedness ... Western medical theory deems other approaches to treatment of disease to be inferior, and perceives itself as the standard benchmark by which all other therapies are to be judged. This attitude of superiority arises from the mistaken view that reality can be understood in mainly mechanical terms ... we do not look at the body that way and must develop a way that successfully links our non-mechanical way of looking at the body ...

There is evidence that natural medicine is being taken seriously and the government is contributing financially to develop research. The National Institute of Complementary Medicine at the University of Western Sydney received \$400 million from the federal government in July 2007 and a further \$600, 000 from the NSW state government. The provision of government funding in such large amounts for natural medicine is a recent phenomenon reflecting a commitment to parallel research development in orthodox and natural medicine.

Maintenance of the philosophies of natural medicine

Due to the enormous popularity of natural medicine and the various institutions offering courses in ‘all things natural’ there was a concern expressed by some participants that the underpinning philosophies associated with natural medicine would be lost.

One participant lamented:

You know I wonder if the philosophy, our core, will be lost with all this acceptance and excitement about what we do. I hope not ...

I would like to see more input from the profession about our philosophy, what we stand for ... I think that is being lost ... hope I am wrong.

While only two participants made explicit reference to philosophy the whole tenor of the majority of interviews could be read as philosophical statements. Derig (1998, p. 11) offers ‘Where the [w] holistic/vitalistic paradigm is either glossed over in student education, lost, or forgotten, then such a gap or lack in the professional mindset will quickly spell the end of the profession’.

It has become apparent that there needs to be discussion as to what *is* the profession. The move to an umbrella label is not easy with natural medicine practitioner splinter groups forming.

Unity of the profession

It was clear the group was in agreement that a positive future rested on the ability of all within the profession to work together and unify under one banner to successfully make the changes required. This has not occurred to date and many unsuccessful attempts have been noted over the past three decades. An important note here is that all the participants have been very active in the profession and have had first-hand experience in attempting to unify the profession. All lamented they were saddened by the reality this had not occurred but felt it may still be possible due in part to the high demand for their natural medicine services:

Our best practitioner for the future is the one who will work together ... life would have been so much better without the politics I had to deal with ... within and without the profession ... be united is my advice ... this is absolutely vital.

... the drugs and surgery approach of biomedicine has proven to be so disastrous for the Australian population with over 300 Australians accidentally killed every week with countless thousands maimed, injured and otherwise bugged up by doctors each week that there are countless thousands of families that are aware of this ... I am seeing people who are seeking a safer alternative ... the fact that there is so much demand out there ... I would hope that the profession could come a little more united to run one single campaign ... this will lead to a bright future.

The most challenging aspect of my life as an unpaid participant holding a position within an association was the fact the associations representing the practitioners and colleges could not agree on very much and it was mostly personality and ego-based ... this must stop ... all groups must unite and focus ...

My only comment is to sit down together and work until agreements are reached, unite and move forward ... nothing will stop us then ...

How many times was this tried [unite the profession]? Too many years I think. The only way to take on the big boys is to unite ... if that does not happen then we stay as we are ...

Regulation of the profession

When seeking the opinion of the group in relation to the future and linking to the formal identification of natural medicine practitioners not one participant was in favour of statutory registration, although most felt there needed to be some activity in formalising recognition of natural medicine. At the time of writing there is currently a move by a large number of practitioner associations to formalise the recognition of natural medicine and work as a collective, while there is another group, aligned to academic institutions who are seeking to develop a register to identify university trained naturopaths and herbalists.

The participants, that form this thesis, were in agreement that some form of regulation was inevitable and supported the current government-monitored self-regulation or co-regulation policy that was current at the time of the interviews and , that effective communication between all parties should be encouraged.

As communication is a vital element to meet the needs to unify the profession, one participant offered:

Dialogue [between all groups] is a vital key and builds the profession ... open dialogue with all concerned will build effective natural therapies businesses and this in itself will add to a positive future

Another participant who is also a leading business person suggested that the growth of natural medicine was through the free competitive market and that this also provides a positive future. It is a remark that was firmly stressed:

The free competitive medical market allowed natural medicine to prosper and this will continue into the future if we protect our right to continue.

Conclusion

Two participants extended on the previous comment and offered that natural medicine practitioners are a threat to biomedicine and expressed their thoughts linking caution with some advice:

... natural medicine is a terrible threat to the status of biomedicine and pharmaceutical corporate wealth ... we are so popular now but we must be wary ...

Our future is positive. We must be cautious though ... there is an underlying element to everything you [natural therapists] are doing and that is clear ... the biggest problem with orthodox medicine is we are stealing their bloody patients ... it is all underpinned by the ugly dollar ... future practitioners must develop a business mindset ...

In contrast to remarks by doctors, regulators and politicians about good evidence being needed to support the efficacy of natural medicine, the public seems less concerned. Walters (2008, p. 22) interviewed Professor Cohen who states:

Practitioners argue over whether there is good evidence to support the use of complementary medicine and alternative therapies such as acupuncture ... consumers are less concerned than doctors, regulators and politicians. The sector is worth \$2 billion a year in Australia alone, a 2004 study showed.

In the same article the popularity of complementary medicine is further supported by Alan Bensoussen, Executive Director of the National Institute of Complementary Medicine who suggests ‘at least half of Australians use some form of complementary medicine or therapy each year’ (p. 22).

Dr Ellis, shared with me as a personal communication, suggests that:

... the medical system in Australian and Western society, functions as an anonymous, alienating machine, in which the hospital is structured like a factory, and its aim is to be as economically viable as it possibly can be, without any kind of relevance to healing in the absolute sense. In our consumer society, healing has been relegated to purveyors of so-called instant cures. Doctors are taught a bio-medical model, which denies the innate healing capacity of the body and sees the human being as a machine which can be fixed by giving a pharmaceutical drug which has many toxic side effects.

Concern for the profession was offered by one participant:

I am actually concerned about the direction in which it is going ... now that we have become an industry, a viable industry — some say ‘we can take that away now, we can make something of it ... we can make money from it ... basically the [universities] think we are hillbillies, they do not know what they are doing and we can do it better ... if you think it cannot be taken away look at the cheap pharmacy supermarket style centres and look at the number of natural medicines available in these centres ... this is dangerous for us ...

Further reasons offered for concern were:

I think the amount of money, the amount of attention, the amount of media [exposure], the successes which it tends to engender has put too many eyes upon us; looking at us very jealously, wanting a piece of it, and would be only too happy to dismantle it, in its present form and continue the way they have done in the past. You only have to look at the history of homoeopathy in the United States to understand this can happen to us ...

The success of natural medicine led one participant to say:

The future of complementary medicine is bleak due to its popularity; people can see it as a money spinner and want to become involved — more due to the money that can be made, rather than the people who can be helped ...

Offering a suggestion to encourage thoughtful debate on this matter, Dworkin (2001) states:

If a thoughtful debate on alternative medicine policy does not take place now, in another five to 10 years it will be too late. The subject will get divided up among intellectual and economic interest groups, causing both a liberal and a conservative orthodoxy to arise. Creative thinking will become politically impossible (the way it has on the issue of drug legalization), and policymakers who try to move beyond orthodoxy will be considered suspect for the deviations ... the goal of policy should be to separate the legitimate from the illegitimate.

The comment is offered as a timely reminder that there is a clear delineation between groups all wanting to lead the way. If all interested parties cannot come together and define the profession and develop a working model, the profession as it is today may fragment and be lost forever.

This chapter reveals the paradoxical situation on which the future of natural medicine is building. Its popularity is likely to see it in battle with conventional medicine over patient numbers. Likewise, the commercialisation and corporatisation so long despised as part of conventional medicine are likely to come to characterise natural medicine.

Chapter ten

Conclusion

As I conclude this thesis, I recall this quote below from Petrea King (2004, p. xi):

Right now we are living in the most challenging, exciting and critical time in our history. We have the capacity to annihilate life on a grand scale and at the very same time, we have the ability to find creative solutions to almost every problem of human existence. Our choices will have profound consequences for human history.

Although the author is referring to the human race generally, the words resonate with me as they are particularly relevant to the world of natural medicine and the practitioners that make up the profession.

Right now natural medicine is going through a major challenge; it is an exciting yet critical time in our history as we are faced with groups wanting to have therapies removed from the collective profession and have herbalists, naturopaths, homeopaths seen as separate and isolated disciplines. Currently there are moves, instigated by academics with a vested interest in developing an elitist group, inferring they should set standards of education for the natural medicine profession, although the profession at large worked in co-operation with government to set minimum education standards. These national standards became the National Health Training package which commenced in 2000. There have been several reviews and the package is working well. It should be noted that the *entire* profession engaged in open discussion and the result of this co-operation was the education standard for the natural medicine field.

Within the current challenging environment, research models and methods consistent with what our profession is all about are important to document. The words of the cohort interviewed in this study offer support as do the findings of federally and state funded research projects.

Additionally we cannot lose sight of the fact that the consumer has turned to the natural medicine profession in droves. Lewith and Bensoussan (2004, p. 585) offer ‘... the patient heads the revolution, in the vanguard of an apparently insatiable

demand for therapies that may vary from the acceptable face of acupuncture to the more extraordinary claims of crystal therapy’.

It is true that our choices ‘will have profound consequences for human history’ and it is on this note I encourage all who have anything to do with natural medicine to be mindful as we debate our position. We must never lose sight as to *why* the consumer chose to integrate natural medicine into their choices when considering their healthcare needs.

The *collective wisdom* of the cohort interviewed in this study provides meaningful signposting. In essence, much of what we see happening with natural medicine practitioners today replicates the history of allopathic medicine. During the late 1880s allopathic practitioners were seen as lacking credibility. With a political and educational platform and in collaboration with a parallel development in pharmaceutical industries, they gained credibility and a considerable amount of power. This saw the beginning of the reductionist model outlined in the overleaf. The reductionist and wholistic/wellness models presented here have been developed by me over several years for use in many public presentations. In part, they tell the stories of the development of general practice, allopathic medicine and the fear that natural medicine practice will be similarly shaped.

A key issue that I have an ongoing interest in, and that is of utmost importance to me, is the balance between the rules and regulations that apply in clinical practice and the constant variables that exist in dealing with clients (the human equation). Handy (1994, p. 65) states ‘it is a way to find the balance between what we do and what we could do or could be’.

Each client presents with a range of symptoms. Within the reductionist paradigm, these symptoms are reduced to a condition that should fall within a very structured treatment protocol. The issue associated with this aspect of professional practice is found within the discussion pertaining to Handy’s Doughnut Paradox (Handy, 1994).

The relevance of aligning clinical practice of a natural medicine practitioner to Handy’s Doughnut Paradox will become obvious as I draw on some graphics to illustrate the key points.

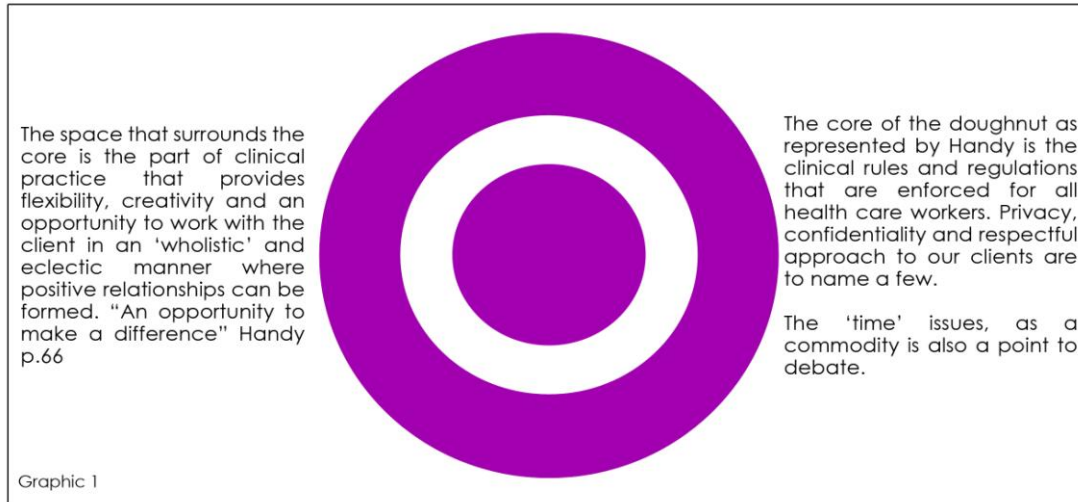


Table 10.1 Doughnut paradox

As part of the analysis it is useful to offer an illustration of the reductionist health-care model that exists and functions alongside natural medicine. Through this analysis it becomes clear that the concept of the doughnut paradox, offered by Handy (1994), can be discussed and clearly illustrated. The core of clinical practice is the diagnosis and a relationship with the client is not encouraged. As offered by Handy (p. 68) ‘all core and no space’.

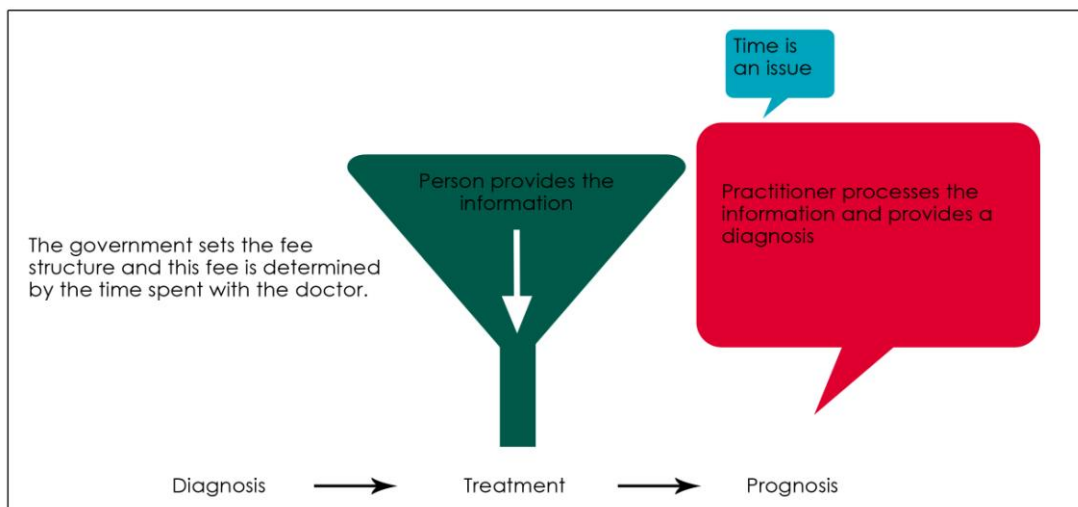


Table 10.2 The reductionist paradigm (Rogers, 2001)

As an alternative, an illustration that depicts clinical practice as a natural medicine practitioner can be illustrated in the following graphic using an atom as a symbol. This graphic depicts the wholistic model. Within this model the core is the person and the outer layers can be depicted as the needs of the client. Relationships are encouraged and the use of several therapies to assist the client with their recovery plays an equal role.

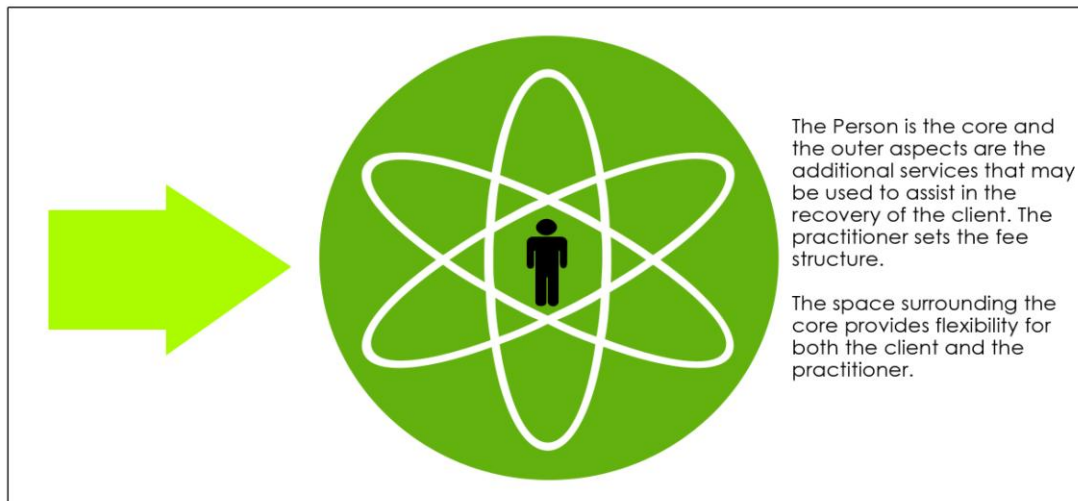


Table 10. 3 The wholistic model using Handy’s Doughnut Paradox

The outer aspect defines the ‘space’ indicated by Handy. The outer space depicts the many treatments that could be drawn on to assist the healing process. These include setting up a relationship with the client. A more detailed analysis is extended in the Wholistic/wellness model.

Used in this way, Handy illuminates for us the wholistic and reductionist models in healthcare via the Doughnut Paradox. A further illustration is offered to explain the reductionist model as it affects the patient.

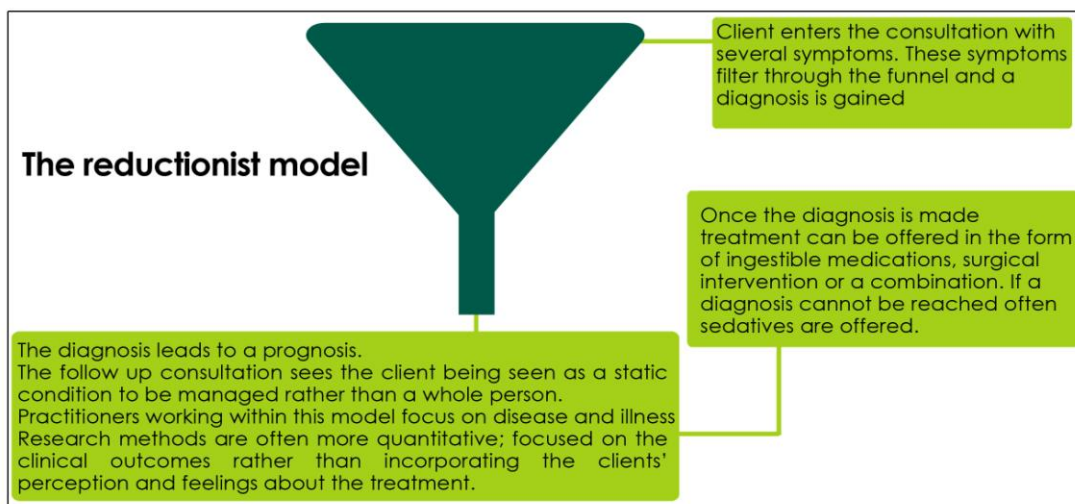


Table 10.4 Reductionist model (Rogers, 2001)

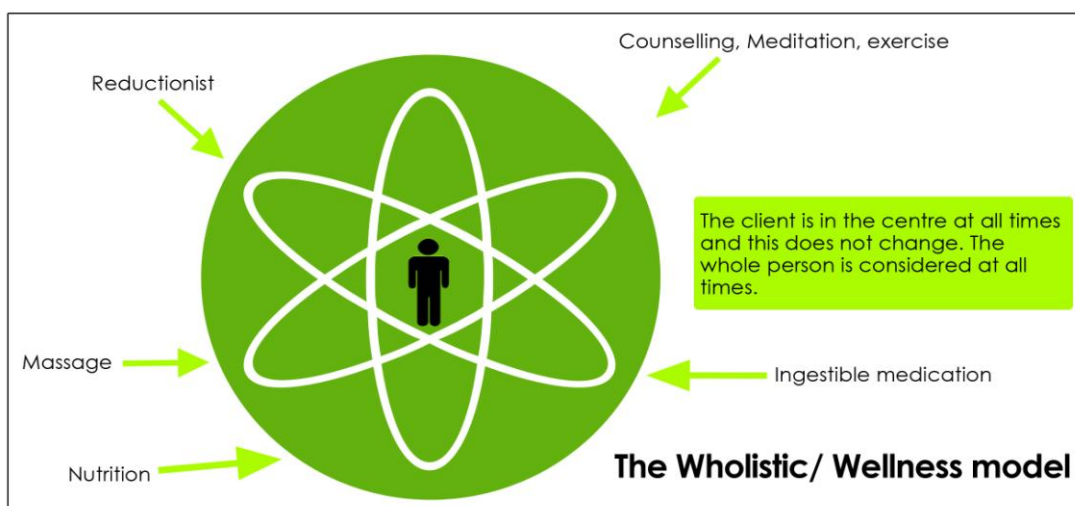


Table 10. 5 Wholistic model (Rogers, 2001)

The spelling ‘wholistic’ is preferred as it clearly expresses the entire (whole) person who is central to the philosophy of natural medicine. Sherwood (2005, p. 235) offers ‘Humans are in a constant state of change in an ever-changing world. These changes occur in the physical, mental, emotional and spiritual aspects of the individual’. As humans are ever-changing, they require a combination of options to manage their health and wellbeing issues.

Each section of the model incorporates the many options the client has available to them. They may need various specialities within natural medicine; massage, counselling, nutritional advice, herbal medicine and also from allopathic medicine;

pharmaceutical drug or surgical intervention. At all times the client's wellbeing is of paramount importance. Within this model aspects of the reductionist model are incorporated, to ensure accurate diagnosis and treatments are safe and provide effective clinical outcomes.

With such easy access to natural medicines by the consumer and the reductionist advertising that accompanies them, it is difficult to apply the wholistic model and this leads to the concerns noted by professionals in the field. The range of natural medications and how they are made available to the consumer today fits more with the reductionist model where conditions are simply managed by ingesting the latest wonder herb, vitamin or liquid concoction drawn from some exotic tree.

Some natural medicine practitioners are today being captured by the reductionist model and moving from the wholistic/wellness model. For example, commercialisation of product through manufacture by large, often pharmaceutical companies means that individual practitioners become less inclined and less adept at developing individual remedies and find themselves relying on commercially available product.

A training manual, offered by Health Schools Australia (1998, p. 11) states:

Philosophy should **guide the daily practice** of the Art and Science of Natural Healing practitioners as without this underpinning of the profession's foundations, there is little hope not only of the profession's survival which is paramount, but also **exposes** practitioners to becoming nothing more than "**purveyors of products**" thus relegating them to the level of glorified "shop assistants" under a professional guise.

It is important to note that many reasons offered for the increased use of natural medicine relate to the value ascribed to the wholistic/wellness model. With the movement in natural medicine from this model to the reductionist model, the use of natural medicine may decline and it is up to the natural medicine profession to fight for the model we know works and has a proud tradition that spans several thousand years. Although orthodox medicine has much to offer, we should not deviate from this model. Instead, there is space for respectful colleagues, working collaboratively whilst maintaining professional autonomy.

The wholistic/wellness model resonates most closely with many of the comments of those interviewed in this study. For example:

Never ever lose sight of the fact our popularity arose because we deal with people first and then their conditions ...

No matter what we do we must always follow our history, our proud traditions, wellness is the foundation ...

We stuck with the relationship with our client and then became the mentor to the family; just like the old-fashioned GP ... our reward is popularity ...

Furthermore, writers such as Derig (1998, p. 12)) and Sherwood (2005) emphasise the value of the wholistic/wellness model. Derig offers ‘strict awareness and adherence to that fundamental axiom of **Vis Mediatrix Naturae – the Healing Power of Nature** will insure the profession’s survival well into the third millennium’.

Sherwood (2005, p. 139) suggests

... as healing requires a holistic philosophy, natural medicine is influenced by a wide range of theoretical concepts and beliefs including homeostasis, holism, the mind-body connection, influences of the spiritual realm, vitalism, natural immunity, detoxification and digestion. Because natural medicine seeks to improve the “wellness” of the client, concern is also given to quality of life issues such as psychological, social, emotional and spiritual influences.

Groves (1997, p. 2) offers:

Health, wholeness and harmony are the central themes of natural healing; they are also the central themes of sound living. The natural therapist is in the unique position of being qualified to promote the welfare and integrity of the community by disseminating the principles of how to live in accordance with the powers and laws of Reality.

Two key responses offered for the ongoing development of natural medicine are education and training and registration.

In this study, those interviewed noted in relation to education and training that:

There have been many changes in the world of education and this is good but let us never lose our history as we become more academic ... education is good, history even better

With education we are finding the loss of the terms we have valued such as N.D. This is disappearing as universities change the terms we have used for many years ...

Raising standards of education is and can be quite positive so long as we [the profession] are in control ...

Such comments emphasise the importance of maintaining the underlying philosophies and diversity of natural medicine despite accepting the importance of traditional education and training paradigms. The links between education and training and registration are strong.

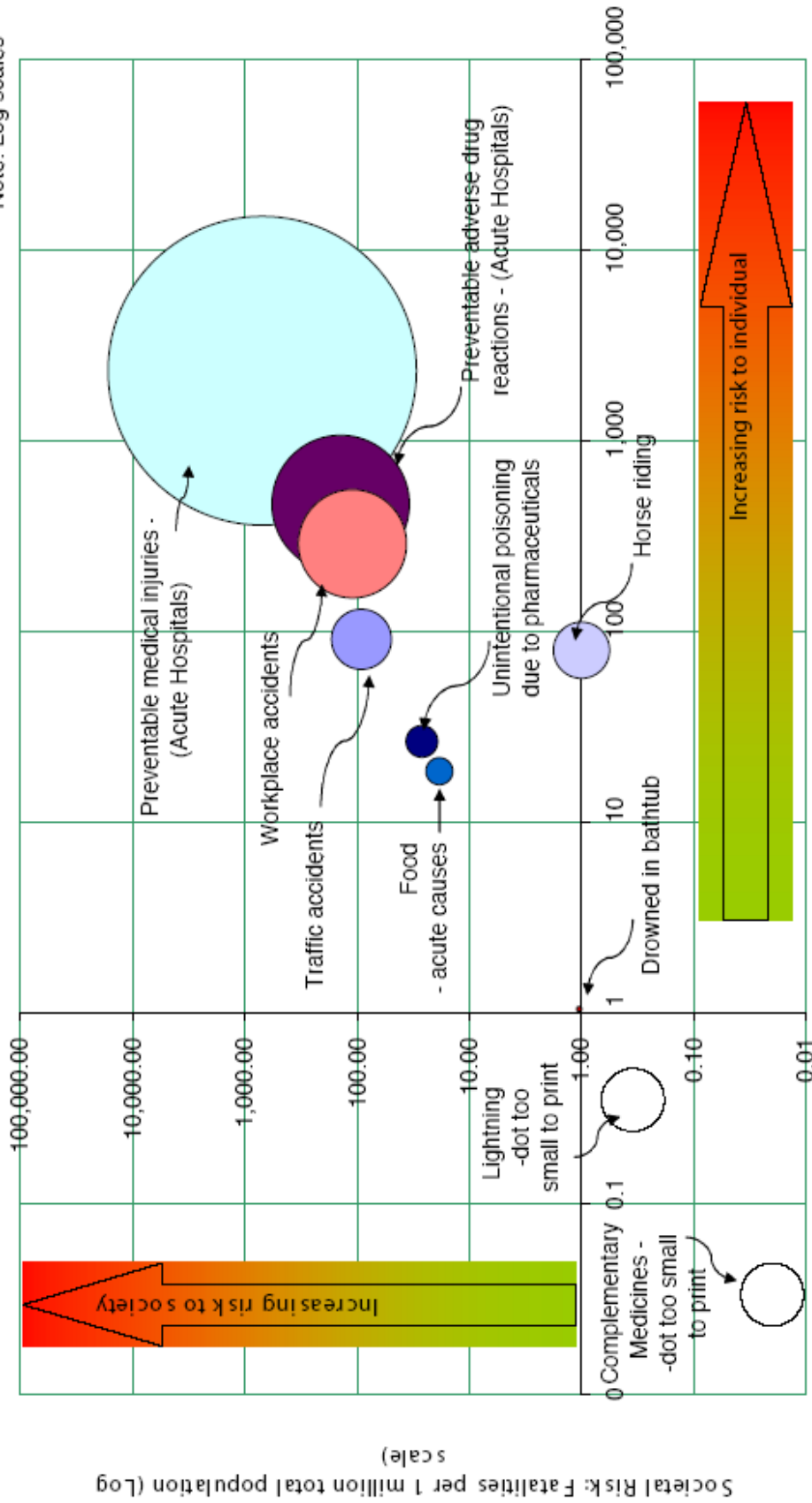
Practitioners who graduate from university programs are inclined to seek statutory registration in similar form to other graduates within the healthcare sector. By contrast, interviewees in this study noted that credibility within the public domain and through the profession is of greater value, although all agreed a formal regulation was required, but that statutory registration was not appropriate for the natural medicine profession.

For the university graduates, government statutory registration is the preference to bring them into line with other professionals while for the long-term practitioners interviewed in this study a preference prevails for co-regulation, i.e. a government-monitored self-regulated model.

Many of the arguments supporting statutory registration relate to the perception that natural medicine is unsafe. These assertions are often misleading as the graphic below from Law (2004) indicates very clearly.

Societal vs Individual Risk in Australia

Bubble size represents risk relative to 1: million individual risk or equivalent to the risk of a single flight on a Boeing 747 anywhere in the world.
 Note: Log scales



Sources: Variety of Australian Government and NGO databases and reports. Individual Risk: Fatalities per million people at risk (Log scale)

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Table 10.6 Societal vs individual risk in Australia

Food	http://www.abc.net.au/science/news/stories/s785664.htm
Population data	http://www.abs.gov.au/Ausstats/abs/%40.nsf/b06660592430724fca25688a5007b8618/797f86db1926b8fca25688a9001363cd!OpenDocument
Perinatal deaths	http://www.abs.gov.au/Ausstats/abs/@.nsf/02093da8035db138fca25688a9001363cd?OpenDocument
bathtub drownings	http://www.abs.gov.au/Ausstats/abs/@.nsf/0910ae60799736a88ca256a7100188a5c?OpenDocument
Airlines	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Causes of Death, Australia	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Injuries and deaths due to external causes	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
80,000 admissions due to adverse effects of pharmaceuticals	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Injuries & poisoning	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
33030_2002.pdf	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Complementary medicines	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Falls	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Illicit drugs	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Drugs	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Alcohol	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Illicit drug use - recent use	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Colorectal cancer	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Cervical cancer	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Cervical cancer	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Injury admissions	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Isotrogenic Injury in Australia Report	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
80,000 admissions due to adverse effects of pharmaceuticals	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Traffic	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Unlicensed driver fatalities	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Traffic deaths - decline over 60 years	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Food	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Supplement use - military	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Injury prevention	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Natural disasters	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument
Food	http://www.abs.gov.au/Ausstats/abs/@.nsf/04e3098c63dbf4fca25688a9001363cd?OpenDocument

80,000 admissions due to adverse effects of pharmaceuticals	http://www.health.gov.au/mediarell/yr2000/gt/20017.htm
Injury prevention workforce	http://www.health.gov.au/pubhlth/strateg/injury/pdf/discussion_feb02.pdf
Causes of death	http://www.health.gov.au/pubs/cmo/cmo2001/cmo2001_7.pdf
140,000 hospital admissions due to adverse effects of pharmaceuticals	http://www.medicconnect.gov.au/what.htm
Snorkeling	http://www.mja.com.au/public/issues/171_11_061299/edmonds/edmonds.html
Medical misadventure -- Official using ICD codes	http://www.nisu.flinders.edu.au/data/phonebook/phbkanswer.php
ICD Coded Injury data for Australia - Searchable	http://www.nisu.flinders.edu.au/data/phonebook/phbkquery.php?datagroup=3
Bicycle	http://www.nisu.flinders.edu.au/data/phonebook/phbkquery.php?datagroup=4
Firearms	http://www.nisu.flinders.edu.au/data/phonebook/queries/guns.php
Horse	http://www.nisu.flinders.edu.au/pubs/bulletin24/bulletin24.pdf
Horse riding	http://www.nisu.flinders.edu.au/pubs/bulletin24/bulletin24-Mortalit.html
Injury data	http://www.nisu.flinders.edu.au/pubs/reports/2002/injcat45.pdf
Injury admissions 1998-1999	http://www.nisu.flinders.edu.au/pubs/reports/2002/injcat46.pdf
Dog injuries and deaths	http://www.nisu.flinders.edu.au/pubs/shortreps/canines.html
Airplanes	http://www.safe-skies.com/safety_by_the_numbers.htm
Medicines Safety Report	http://www.safetyandquality.org/articles/Publications/med_saf_rept.pdf
Is your medication just money down the drain?	http://www.uq.edu.au/news/index.phtml?article=4137
Sharks	http://www.zoo.nsw.gov.au/content/view.asp?id=235

Table 10.7 Risk using natural medicine (Juderon and Associates, 2004)

As indicated by Law (2004) natural medicines are extremely safe in trained hands. This is something we should be very proud of as a profession. From my point of view, to contemplate the loss of the profession as I know it is devastating and it is the powerful voices of the visionaries who are central to this study who sustain my daily focus on people – not on disease and illness. My dream is of building the bridges between allopathic and natural medicine, reductionist and wholistic/wellness models so that research and practice can be shared and developed, rather than fragmented.

My hope is that natural medicine can function as an independent, autonomous profession as it has done since time immemorial. There is a need to formally regulate which will appease the desire by some who consider this important, however to follow the path of statutory regulation will be the death knoll for natural medicine as we know it. To have come this far, to have reached such levels of acceptance from the public, to now wave a white flag of submission and fall under the failing system of allied healthcare beggars belief.

Dr Michael Ellis (2007) offers information about the medical hospital system many in the field of natural medicine want to enter:

The medical system in Australia and Western society, functions as an anonymous, alienating machine, in which the hospital is structured like a factory, and its aim is to be as economically viable as it possibly can be, without any kind of relevance to healing in the absolute sense in our consumer society, healing has been relegated to purveyors' of so-called instant cures. Doctors are taught a bio-medical model, which denies the innate healing capacity of the body and sees the human being as a machine which can be fixed by giving a pharmaceutical drug which has many toxic side effects.

Dr Ellis (2007, p. 1) also offers comment about a failing healthcare system and the dissatisfaction expressed by doctors with the current system, the very system some natural medicine practitioners want to enter. He states:

Wide spread dissatisfaction is currently being expressed by doctors not only in Australia but also in the United Kingdom and the Netherlands ... There is a high degree of morbidity within the medical profession through stress and burnout. Associate Professor Peter Schattner has said that the Doctors Mental Health Implementation Committee determined from 1992–1997 that the suicide rate for NSW registered doctors was 19.1 per 100,000 — 60% higher than the general population.

Lewith and Bensoussan (2004, pp. 585–6) offer sobering advice as they suggest 'are we as physicians medicalising the CAM model when perhaps our patients are trying to escape that model through their use of a particular mind – body therapy?'. The consumer is choosing natural medicine practitioners and the question must be asked, 'why is this so'? Taking a cautious approach before entering into the world of orthodox medicine should be encouraged.

Naisbitt (2000, p. 20) offers, 'The directions and turns the world will take are embedded in the past and in the present'. The directions and turns the natural medicine profession will take are embedded in the past and in the present. Our history offers us guidance and we must never lose sight of the overpowering shift the consumer has led that has placed us in this position.

Dr Ellis (2008) head of the Medical Renaissance Group in a personal communication calls for a new medicine:

The New medicine, however, encompasses a healing approach, which sees the individual as mind, body, and spirit and also as an aspect of community, environment

and culture. For example, because globally we live in a political system motivated by fear and scarcity, there is no reason why we should not extrapolate these as being some of the causes of the enormous degree of cardiovascular disease and depression and stress seen in society. As Doctors, we need to be aware of ourselves as healing agents, and therefore also agents of political change.

To my mind, the natural medicine profession offers the very medicine to which Dr Ellis aspires.

I am concerned that the move to separate naturopaths and herbalists positions the profession within the reductionist paradigm. By contrast, within the wholistic model, the eclectic application of natural medicine has drawn together the ‘all things natural’ concept, working with nature to assist the client to heal.

The question arises about the vast differences between natural medicine and the description of orthodox medicine offered by Dr Ellis. Only time will tell if the two diverse fields are able to work together for the benefit of the consumer.

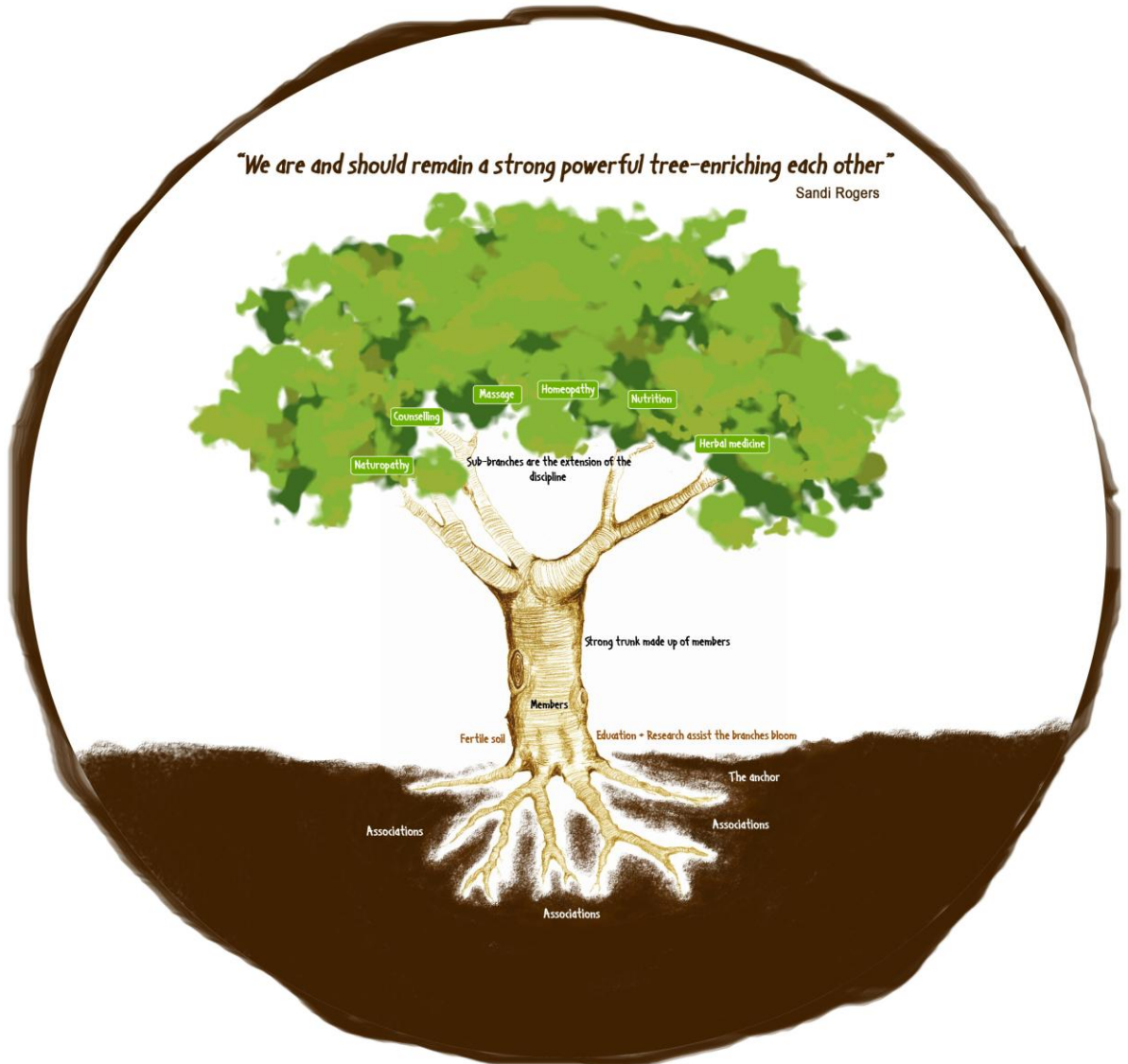
The profession has found legitimacy through the successful treatment of many thousands of clients who came to the door of natural medicine seeking alternatives or complementary to the reductionist model of healthcare. Harland and Finn (1990, p. 4) offer ‘We hope that the various branches of natural medicine will link together and form a powerful tree. Deeply rooted in a common goal of professional excellence and the freedom to practice long into the future’.

We struggle to come up with a name to clearly identify ourselves. Above all a name draws us together internally and externally around a shared identifier. United under a shared identifier where we can provide many therapies to assist the person in our care. The shared identifier ensures we are not fragmented as isolated disciplines behaving in a reductionist manner.

I see the profession as a powerful tree and the following graphic depicts my thoughts and concludes this chapter and this thesis.

"We are and should remain a strong powerful tree-enriching each other"

Sandi Rogers



Artist: Michelle Gatt, Copyright 2009 NCTM

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