Sound Referral System with Conventional Medicine

By Marumi Smith

The public use of complementary and alternative medicines has dramatically increased over the past decade. However, it is questionable whether massage therapists have successfully established the reciprocal referral system with other healthcare professionals. This article identifies and counters the obstacles of the referral system between the massage therapists and conventional medical practitioners.

In 2000, the Australian public spent $2.3 billion on complementary and alternative medicines (CAM)\(^1\). The popularity of CAM initiated the Governmental regulatory framework of CAM through the Department of Health and Ageing, Therapeutics Goods and Administration (TGA), and the formation of the Expert Committee on Complementary Medicines in the Health System\(^2\).

Given the increased use of CAM, conventional medical groups have explored options that bridge the gap between conventional and CAM practitioners to enhance mutual respect and interest. The new Medicare Plus package, the Australian Medical Association, the Royal Australian College of General Practitioners and the Australian Integrative Medicine Association support the effort towards the integration of CAM into conventional medicine\(^3\).

The risks and benefits of CAM and its interactions with conventional medicines have become better understood in recent years. However, increased concern regarding legal and ethical issues such as medical liability arising from referring patients to CAM therapists was expressed. In addition, the availability, quality and accessibility of evidence on its efficacy, risks and benefits of CAM were questioned \(^4\).

**Referring patients to massage therapists**

Although the Australian Centre for Complementary Medicine Education and Research (ACCMER) was established in 2001\(^5\), the community usage of massage therapy in Australia is yet to be investigated. In USA, the Nedrow's research\(^6\) showed that acupuncture and massage were the most commonly used CAM therapies. In Australia, focused study on massage is yet to be seen. Pirotta, Cohen, Kotsirilos and Farish\(^7\) in Australia indicated that there was evidence of widespread acceptance of acupuncture, meditation, hypnosis and chiropractic by GPs and lesser acceptance of the other CAM therapies. Pirotta also suggested that more than eighty per cent of GPs have referred patients to practitioners of acupuncture, hypnosis and meditation. However, there was no scope of massage therapy in their study. Nevertheless, there are massage therapy friendly medical doctors such as Brukner and Khan\(^8\) who integrated the remedial massage therapy into the treatment plan.

In the need of a more consistent national approach, systematic referral lists of remedial massage therapists formulated by a Governmental Board might be a solution. Such lists can include locality guides to the conventional medical groups and hospitals\(^8\). In 2005, WorkCover established the multidisciplinary team services for the assessment and rehabilitation of sprain and strain injuries—section 5(1)\(^9\). The rebate system for remedial massage by most of the health funds and the WorkCover Authority\(^10\) supports the increase of referring patients to the massage therapists. Oyston\(^11\) argued that the Australian hospital access to a massage unit for cancer patients needed to be improved, to the international standards presented at the Society of Integrative Oncology held in San Diego, USA in 2005. She also mentioned the New Zealand model of the integration of the massage and lymphoedema therapies funded by the New Zealand Cancer Council. The referral lists of credentialed massage therapists, which can be utilised by physicians, nurses and pharmacists, might take the industry into a new direction.

**Seek the solution to the problems**

On the issue of integration of CAM into conventional medicine, highlighting the referral system, it is crucial that massage therapists in Australia to recognise and seek the solutions to the problems. It is worth investigating the key questions Cohen\(^12\) has comprised on the issue of integration. Cohen\(^13\) discussed about creating models for healthcare credentialing of CAM (he included massage therapy) and suggested a strategy of CAM credentialing for physicians, healthcare administrators, insurance companies, and national professional organisations.

1) **The requirements for evidence-based practice**

Bensoussan and Lewith, and Kerridge and McPhee noted that most CAM practitioners lack sufficient expertise in scientific research, and suggested the need of strong collaborations between CAM practitioners and medical researchers for the randomised controlled trial (RCT). The evidence-based research on CAM in the UK and USA is leading Australian trails/examples. It is an encouraging fact that the Cochrane Library is undertaking more than five thousand systematic reviews of RCT on CAM. Furthermore, the National Center for complementary and Alternative
Medicine (NCCAM)\textsuperscript{15} has launched the Strategic Plan 2005-2009 on CAM research, and has funded more than one thousand research projects at over two hundred institutions in the USA. One of the challenge NCCAM claims in the report is how to conduct trials of CAM therapies. CAM treatments are often individually tailored and based on a different diagnostic process from the conventional medicine. In addition, interventions of CAM are often complex\textsuperscript{16}, such as the combination of acupuncture, herbs, dietary and lifestyle in one consultation. Therefore, Bensoussan and Lewith suggested that the sociological, ethical and philosophical aspects of CAM needed to be included in the research methods.

2) Appropriate funding models
In 2001, only $850,000 of about $1 billion of the National Health and Medical Research Council research funding has been spent for CAM research in Australia\textsuperscript{17}. Since then, the funding for trials in CAM has been increasing globally. The landmark establishment of NCCAM in USA in 2003 encouraged an ethos of scientific rigor in the perception of a potentially large market for CAM. In Australia, advancing with the governmental move, ACCMER has proposed five per cent of GST raised from the $2.3 billion (2000) earned from CAM services should go to CAM research. For massage therapists, the Australian Association of Massage Therapists’ decision to establish a research fund is welcome news for members.

3) Investigation on the medico-legal and ethical issues
The integration of proven CAM therapies including massage therapy with conventional medicine seems constrained by a number of ethical, legal and social issues. The Australian Medical Association's view on CAM includes the necessity of appropriate regulation of CAM therapists by state/territory responsibility and a more consistent national approach.

Medico-legal issues surrounding CAM
There is an increased concern about medical liability arising from the negligence of referral or referral to inappropriate treatment, such as the cases found in \textit{McGroder v Maguire} and the criminal charge of a naturopath over the death of an infant. Furthermore, with the current regulatory system, the naturopath in Melbourne, who was charged more than one hundred and fifty counts of rape and sexual assault, is allowed to keep his practice to this date\textsuperscript{18}.

Given these examples, there is no doubt that medical practitioners require authoritative information about the safety, efficacy and quality standard of the CAM therapists. Cohen argued that physicians might have obligations of betting the provider's credentials, general competence and skills are practice standard. The expected research results on CAM by the authoritative research centres such as NCCAM and ACCMER may enhance the process of screening the CAM therapists in more regulated way.

Therefore, appropriate record keeping is important to increase the credence of the practice. Vaughan and Di Venuto\textsuperscript{19} suggested the use of ‘outcomes questionnaires’ in the massage industry. Oswestry Low Back Pain/Disability Questionnaire and many other types are available from www.tac.vic.gov.au.

Ethical issues surrounding massage therapists
Globaly accepted ethical principles of nonmaleficence, beneficence, autonomy and justice\textsuperscript{20} need to be upheld at all times in the massage therapy. It is also important for massage therapists to strictly follow their professional associations’ guidelines such as their code of ethics and their standard of practice. In the case of a breach of principles, it is usually the responsibility of a massage therapist’s professional association to reprimand or deregister the therapist in the light of code of ethics and standards of practice. However, registering with a professional body\textsuperscript{21} is not compulsory under current Australian regulation for massage therapists and it still allows convicted therapists to practice under their own banner.

Since 2003, the Chinese Medicine Registration Board of Victoria regulates the Acupuncturists and Chinese Herbalists in Victoria. The Board's role is to protect the health and safety of the users of the therapies, and to accredit training courses of the traditional Chinese medicine\textsuperscript{22}. The similar Act might be a solution for the massage industry in Australia to increase its credentials.

Credentials and regulations of the massage therapists
Accredited educational courses of massage therapy in Australia, the network of professional massage associations and other authoritative bodies play key roles in the credentials of the massage industry. Jones\textsuperscript{23} and Waldron\textsuperscript{24} stated the Australian National Training Authority’s endorsement of the submission of Certificate III in Sport, and the Diploma of Sport (Massage Therapy) showed competency. However, in the urgent need of clinical and evidence-based research approach in CAM\textsuperscript{25}, it is important to have access to higher standards of education in massage therapy. A tertiary degree will improve the standards of education in massage therapy. The Australian Association of Massage Therapists’ Diploma of Sport (Massage Therapy) showed competency. A tertiary degree will improve the academic standards and enhance the culture of evidence-based science in the
 massage industry. Thus, the confidence and much-needed evidence of efficacy and safety in massage therapy will be promoted in the referral process among network groups.

**Health Services Research goals of NCCAM**

Determine how CAM services affect the healthcare marketplace.

Enhance the design of CAM clinical studies and trials by adding instruments to collect health services research data.

Explore models of organised healthcare that integrate CAM with conventional care.

Further research on explicating the delivery of massage therapy inside and outside of the organised healthcare settings is required to enhance the reciprocal referral system with the conventional medicine.

Establishing confidence of massage therapy within the healthcare system is required to stabilise a good referral system between massage therapists and healthcare professionals. Further studies on the massage industry are urgently needed to deliver the safe and reliable information and treatments to the public.

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