The practice of Western Herbal Medicine in Australia

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Abstract

In recent decades, complementary and alternative medicine (CAM) has gradually assumed a growing popularity and economic importance in the health care systems of Western nations including Australia. Personal expenditure on CAM now represents a significant investment by the Australian general population. During this period, various CAM professions have steadily emerged as popular, if unofficial, healthcare providers. Despite the growing popularity of CAM, little is known outside of special interest groups about most CAM practices or about the professionals who provide them. In Australia one of the most well known and popular forms of CAM is herbal medicine.

The focus of this thesis is on the professional practice of herbal medicine in Australia, specifically Western Herbal Medicine (WHM). It is estimated that practitioners of WHM conduct almost two million consultations a year representing an investment of $AUS 85 million (excluding the cost of medicines) in the Australian health economy. Typically described as a complete system of medicine, WHM boasts a comprehensive philosophy and claims to offer a unique approach to treatment, diagnosis and prescription. WHM practitioners reputedly operate within a broad range of autonomy, including some acting as primary health care professionals. Nevertheless, little is known about the Australian WHM profession: their approach to clinical practice; their use of herbal medicines; the patients and problems seen in WHM practice; or the nature of the WHM profession’s relationship with the mainstream healthcare sector.

This thesis presents a pragmatic health services inquiry that aims to provide empirical data for the purpose of stimulating reflective practice within the WHM profession and seeks to inform discussion about the role of WHM in the Australian healthcare system. The analysis employs the concept of 'mainstreaming' (the increasing popularity, acceptance and legitimacy of CAM
within the dominant healthcare structures) to explore the response of WHM to the changing role of CAM within mainstream healthcare. Mainstreaming is interpreted as an active social process in which the boundaries between CAM and mainstream healthcare are shifting, and is a concept that implies the dominance of the mainstream medical paradigm.

The investigation triangulates quantitative and qualitative methods to provide an in-depth account of WHM practice from the perspective of the WHM practitioner. The study population is the membership of the National Herbalists’ Association of Australia (NHAA), and the unit of analysis is the individual WHM practitioner. The research describes the clinical practice of WHM and explores the WHM profession’s developing relationship with the mainstream – including the Australian public and the mainstream healthcare professions, particularly medical practice.

A social theoretical framework is employed to examine WHM practice within its social context. The conceptual framework directs the examination of the evolving relationship between WHM and mainstreaming towards three core areas of intersection: (1) the inter-professional; (2) the intra-professional; and (3) the professional/non-professional. The inquiry consists of a mixed methods design in which an initial survey study is followed by a qualitative in-depth interview study. The rationale of adopting a mixed methods approach was threefold: firstly, to increase the scope of inquiry by selecting methods most appropriate for each inquiry component; secondly, to better understand the research problem by converging both types of data; and finally, to increase the validity of constructs and inquiry results by triangulation of data sources.

The survey study consisted of a postal questionnaire that was distributed to the membership of the NHAA. The survey was specifically designed for this study in consultation with the NHAA. A preliminary pilot study of the draft questionnaire
was conducted consisting of both a formal and informal stage of testing. The questionnaire was distributed with the association’s quarterly professional journal (The Australian Journal of Medical Herbalism) in December 2003 and again in March 2004. Achieving a response rate of 58% (n=378), the survey data described key aspects of the WHM profession; its approach to clinical practice, herbal prescribing and aspects of its professional relationships.

The survey results demonstrated an increased influence of medical science on WHM principles and practices including the incorporation of medical concepts, clinical procedures, technologies and language into clinical practice. Although the survey provided strong evidence of a trend towards the rationalisation of WHM clinical practice, the results showed how the prescription of herbal medicines remains a predominantly traditional practice. In terms of the WHM profession, the survey results indicate that WHM practitioners are not assuming a primary healthcare role in Australia but are predominantly providing treatments for chronic conditions. The data indicated high levels of concurrent patient care, including concurrent use of pharmaceutical and herbal medicines; thus, suggesting that WHM clientele consider WHM a complementary rather than an alternative form of medicine. The survey also showed that WHM practitioners would welcome improved inter-professional and intra-professional relationships.

The second phase of the mixed methods study consisted of a series of qualitative in-depth interviews with a sub-sample of survey respondents (n=18) resident in NSW, Australia. The objectives of the in-depth interview study were twofold: firstly, to add depth and meaning to survey data; and secondly, to understand the practice of WHM from the perspective of the WHM practitioner. To ensure flexibility and to uncover novel data from the participants the in-depth interviews were carried out on a semi-structured basis.
Building upon the survey findings, the qualitative study explored the WHM practitioners’ conceptualisations, explanations and rationalisations of their approach to WHM practice. The interview participants represented a broad range of WHM practitioners who commonly shared a holistic worldview, but who also offered a range of interpretations of the philosophical and theoretical basis of WHM. The investigation described how mainstream conceptualisations of healthcare have impacted upon the traditional model of WHM practice. The analysis identifies a number of competing sub-groups within WHM who each advocate particular approaches to WHM practice. In particular, the analysis highlights a significant degree of internal tension operating within WHM about the salience of medical science within WHM.

The analysis also revealed how the perceived subordination to, and thus distinction from, mainstream medicine is a dominant issue within the WHM practitioner’s discourse. The explanation for this emerged from the perception amongst the in-depth interview participants of the widespread appropriation of herbal medicine by the mainstream, as well as systematic discrimination towards the WHM profession. Furthermore, there was evidence of not only poor intra-professional cohesion but significant intra-professional differences regarding the apposite location of WHM in relation to mainstream healthcare.

This research provides new understandings about the clinical practice of WHM practice, but also about the role of the WHM practitioner in Australian healthcare. The thesis reveals a story of irony. Despite the increasing popularity of herbal medicines and significant concessions within WHM to the medical paradigm, the WHM profession is struggling to achieve legitimate participation within the mainstream and continues to operate on the fringe of Australian healthcare. The thesis concludes that the process of mainstreaming is challenging the authenticity of WHM herbal tradition and challenging the future viability of the WHM profession, the implications of which suggest that the WHM practitioner will continue to experience financial insecurity unless the WHM
profession can collectively move to demarcate its scope of practice and legitimate its professional role.
Abbreviations

AIHW  Australian Institute of Health and Welfare
ALSWH  Australian Longitudinal Study on Women’s health
ANTA  Australian National Therapists’ Association
ATMS  Australian Traditional Medicine Society
ATO  Australian Taxation Office
BIA  Bio Impedance Analysis
BHP  British Herbal Pharmacopoeia
BMA  British Medical Association
CAM  Complementary and Alternative Medicine
CDC  Centre for Disease Control
DHS  Department of Health Services
EHTPA  European Herbal & Traditional Medicine Practitioners’ Association
FRS  Female Reproductive System
GST  Goods and Services Tax
GP  General Practitioner
HRH  His Royal Highness
MDC  Major Diagnostic Category
MeSH  Medical Subject headings
MRS  Male Reproductive System
NCCAM  National Centre for Complementary and Alternative Medicine
NHAA  National Herbalists’ Association of Australia
NIMH  National Institute of Medical Herbalists
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>PBS</td>
<td>Pharmaceutical Benefits Scheme</td>
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<tr>
<td>Quant</td>
<td>Quantitative research</td>
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<tr>
<td>QUAL</td>
<td>Qualitative research</td>
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<tr>
<td>TCM</td>
<td>Traditional Chinese Medicine</td>
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<tr>
<td>TGA</td>
<td>Therapeutic Goods Administration</td>
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<tr>
<td>WHM</td>
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