

Consultation on draft guidelines for safe Chinese herbal medicine practice

28 May 2014

Responses to consultation questions

Please provide your feedback as a Word document (not PDF) by email to chinesemedicineconsultation@ahpra.gov.au by close of business on Wednesday, 23 July 2014.

Stakeholder Details

If you wish to include background information about your organisation please provide this as a separate word document (not PDF).

name
Template G
Contact information (please include contact person's name and email address)

Your responses to consultation questions

<p>Guidelines for safe Chinese herbal medicine practice</p> <p><i>Please provide your responses to any or all questions in the blank boxes below</i></p>
<p>1. Do you agree that these guidelines apply to all medicines prescribed and/or dispensed by Chinese medicine practitioners?</p>
<p>Yes</p>
<p>2. TGA nomenclature guidelines require the botanical name to be used for herbal products in manufactured medicines. Pinyin and/or Chinese characters are more commonly used for Chinese herbal medicine prescription writing and dispensing. The use of Chinese characters alone makes it difficult for patients and other health practitioners to understand what medicine the patient is taking. For Chinese herbal medicine prescription writing, do you agree that pinyin or the pharmaceutical name should be used as an alternative to the botanical name, with the addition of Chinese characters where necessary? Is this guideline practical to implement? If you disagree, what alternatives do you suggest?</p>
<p>No - In order to maintain accuracy, the individual practitioner should choose the naming method he/she is best trained in. Insisting that practitioners who are not trained in Latin botanical names</p>

<p>to use Latin names is actually increasing the probability of errors and risk to patients, which is adverse to Protecting Public Safety policy of the Chinese medicine practitioners, COAG and CMBA alike.</p> <p><i>Is this guideline practical to implement?</i> No, it is not practical to implement, as practitioners (and even students of tcm courses) have not been trained to use such system. The reason they have not been trained in Botanical names of herbs is because it offers no benefits in treating illness and helping patients achieve health. The Botanical naming system in Latin and Traditional Chinese Medicine in Chinese belong to 2 entirely different system. To use these Latin names in Chinese Medicine is as inappropriate as expecting GP's to include Pinyin/Chinese on all their prescriptions and labelling.</p> <p><i>If you disagree, what alternatives do you suggest?</i></p> <p>The best alternative is to ensure that labels and prescriptions are offered to patients in a language that the patient is familiar with. How many patients do we know actually understand Latin? Most patients in Australia that use TCM understand English and/or Chinese. A Latin herb naming system offers no benefit to patients and practitioners. If such a system becomes compulsory, it would in fact increase fees to patients and increase the chance of labelling/script errors. It would cost a lot of human and financial expense for no benefit.</p>
<p>3. Zhao et al (2006) identified that up to 27 per cent of Chinese herbs are sourced from multiple species, making it impossible to accurately identify the species used if the herb is identified only by pinyin, Chinese characters or pharmaceutical name. Best practice is to label herbs supplied to a patient by the botanical name to allow for accurate reference to drug-herb interaction databases, accurate tracking of potential adverse events and the informed use of evidence from pharmacological research.</p> <p>Do you agree that herbs should be labelled according to their botanical name? If not what alternative do you recommend to address these safety issues and remove ambiguity in labelling?</p>
<p>No I don't agree that herbs should be labelled by botanical/Latin names, because the actual medicinal properties of the herbs with same Pinyin/pharmacological names (even if different source species) are the same - that's why they have the same names in the first place. It's unnecessary and irrelevant to distinguish source, as the formula is interested in medicinal properties, not geneology.</p> <p><i>If not what alternative do you recommend to address these safety issues and remove ambiguity in labelling?</i> The ambiguity only arises when the origin species is of interest. In the use of herbs for medicinal result, it is the herb medicinal properties of interest, not the origin so there is no safety issue if the origin is not expressed in the name for use in TCM. Supplying names that reveal origin is extra information that has the potential to confuse patients too.</p>
<p>4. Are the labelling requirements practical to implement?</p>
<p>The sample labels are clear to read, and format is easy to understand. though the Latin names should be omitted as it offers no benefits to both patients and practitioners.</p>
<p>5. Is the required information for prescriptions appropriate?</p>
<p>Yes</p>
<p>6. Do you agree with the circumstances in which a medicine may be supplied for self-medication?</p>
<p>Yes</p>

7. Do you agree with the limited role of dispensary assistants as outlined in section 5 of the guidelines?
yes
8. Are there any additional requirements which should apply to the management of a Chinese herbal dispensary?
No comments
9. Does the sample label and prescription assist in understanding the requirements set out in the guidelines? Should any other examples be used?
Yes
10. Taken as a whole, are the guidelines practical to implement and sufficient for safe practice?
Minus the Latin naming of herbs, the guidelines are reasonable.
11. Is the content flow and structure of the guideline helpful, clear, relevant and workable?
No comment
12. Is there any content that needs to be changed or deleted?
No comment
13. Is there anything missing that needs to be added?
No comment
14. Do you agree with the proposed 12-month transition period and if so is this period adequate?
Minus the Latin naming of herbs, this is reasonable
15. Should the review period for the guidelines be two, three or five years?
5 years, with provision for any urgent issue that emerge in between, to be addressed. Any more frequent will cause a lot of human and financial resource to be expended on regulatory affairs rather than the most important work of treating patients.
16. Do you have any other comments on the draft guideline?
No comment

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Appendix 5

百合	Baihe	Lily Bulb	Lilii Bulbus	<i>Lilium</i>	<i>Lilium brownii</i> <i>var.</i> <i>viridulum</i>	百合	百合
百合	Baihe /Juan Dan	Lily Bulb	Lilii Bulbus	<i>Lilium</i>	<i>Lilium lancifolium</i>	卷丹	
百合	Baihe / Xi Ye Baihe	Lily Bulb	Lilii Bulbus	<i>Lilium</i>	<i>Lilium pumilum</i>	细叶百合	