Extra information to my last CMRB submission:

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In addition to my last submission, I have descripted difficulties practitioners will have when we implement the new guideline. I also listed my personal suggestions for your reference.

Why practitioners feel great difficult in doing labelling work required by the draft guideline?

Western medicine do labelling like a paragraph with 2-3 lines of words, mainly containing ONE drug name and other general information like the name, how and when to take the medicine.

But Chinese herbal medicine do labelling likes a small essay. We have 10-20 herbal names (not only one), and general information.

We are not able to remember herbal names by heart due to how we are all busy, so we have to search them from dictionary.

I counted my time on Friday when I wrote a label (or a letter) for a patient to travel overseas. It took me 7-8 minutes to physically write done the letter (as attached), if consider the time when I took the simple dictionary before sitting down, and explain to the patients when hand in the paper to her, it took me 10 minutes of time.

I have a moderate busy clinic and I book patients in every 30 -45 minutes. If practitioners have to write the label of every visit of every patient, it means 10 minutes extra service in every 30-45 minute of practice. Then will be 2 hours extra work every 12 patients a day. I am not sure if you are sensitive to business analysing. If you ask business planners or old business men, they may tell you that the business will be in crisis, the owner of the business needs to take some actions from choices listed below:

1. Increase price for extra service (we do not willing to)
2. Reduce patients number treated per day (we do not willing to)
3. Get more staff/an assistant
4. Change practice format to avoid or reduce labelling
    a. Use the pills instead of individual herbs
    b. Use a herbal supplier like the 'Herbooth' in Sydney which patients can only get their herbs 2-3 days late by post.
    c. Use limited and pre-labelled herb formula only

Actions number a. b. c. will all reduced clinical results for sure (as the **Soul** of Chinese medicine practice is one people has one formula at one time. There is no repeat) and patients have limited choice in treatment.

Regarding to information patients obtains:

In my years of practice, I have found not doctors nor do patients understand English/botanic Name of herbs， in regardless of if botanic names accurately represent the herbal information.

- Not a doctor can understand herbal name translation. Occasionally patients asked me to translate my herb prescription for their doctors, and then come back to me and say their doctors didn't understand the herbs. I have doctors as my patients. They do not understand my herbs when I translate for their overseas travels.
- Not a patient understands herbs in English translation except a couple of basic herbs like dry ginger and Ginseng.
- Occasionally some western herbalists understand a few more herbs like Licorice, and Bupleurum.

So write botanic name does not increase patients' information.

Who will be benefit from the new policy?

Obviously clinics will be much affected downward from the new policy.

But patients do not get the benefit, as no doctors or patients understand botanic names/English names of herbs. In addition, as practitioners have to change their style of practice, patients will have limited with herbal they can use and slightly poor clinical results.

Administrative staff will be benefit from the new policy, as they believe that they have improved current practice to a new and higher level where they can communicate more with other modalities (but do other modalities really mind if we are in our original status).

Some people will say patients will be safer, as they will know herb-drug interaction. The fact is when you search on the internet, you can find the same amount of information from Pinyin and botanic name (please do have a try).

As policy making staff, they may say that they do not care how practitioners suffers as long as patients get the benefit. However, the policy will not benefit patients either.

Suggestions:

1. Give patients prescriptions in Pinyin with translation (translation would be a better wording, as botanic name cannot accurately represent herbs from Pinyin) ONLY at the first consultation and whenever patients ask for it. This may show patients that

we can give them our prescriptions with translation, but patients are not able to read them. Thus those prescriptions are useless for them. So please only ask us when they really need.

2. Or give pinyin prescriptions every time. Also advice patients that they can search from the internet themselves for botanic names and functions if they need.
3. Please allow us to use creative ways in labelling as long as we have covered required information. So practitioners can pre-print a list of herbs and highlight or circling used herbs.

Thank you for reading my feedback and suggestions. My practitioner colleagues and I are really appreciate your positive considerations.

Sincerely yours

Lisa