

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).

Organisation name
CMASA and AACMA
Contact information (please include contact person's name and email address)
Mr. Yu Wu

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, it should be applied to all after it's amended or revised to a more reasonable and practical version</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>Yes, I think use Pinyin or pharmaceutical name in CHM prescription is appropriate, if the Pinyin name can lead to different kind of herb, Chinese characters should be added to the prescription to clarify it.</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, it's unnecessary and impractical if apply this requirement to practitioners. Put proper label on the herb should be the responsibility of manufacturers and whole sale suppliers, they should differentiate the 卷丹 <i>Lilium lancifolium</i> Thunb to 百合 <i>Lilium brownii</i> F.E. Brown ver. <i>viridulum</i> Baker (and other similar stuff in CHM) and mark it properly on their package.</p> <p>As a practitioner, when we prescribe Baihe, what we mean is using <i>Lilium brownii</i> var. <i>viridulum</i>. If we want to use 细叶百合 or 龙牙百合 we will prescribe it accordingly. The ambiguity only comes when the supplier didn't label it properly or didn't differentiate it precisely.</p> <p>From my point of view, the requirement of the label on the herb given to the patient should be the same as the prescription, which is using Pinyin or pharmaceutical name.</p> <p>The reasons why I don't agree to use the botanical name are:</p> <ol style="list-style-type: none"> 1) It may lead to misunderstanding and confusion: I have used the botanical name in my prescriptions before, when the clients first saw those names, most of them wouldn't have a clue what it meant. If they wanted to know more about it, most of the time they would search on the internet and the result they could get really depends on their luck. Someone might come back to me very confused and asked "why did you use that herb? It seems had nothing to do with my conditions". Take <i>Cinnamomum cassia</i> Presl as an example, in one of the website, they mentioned 9 functions of it, but none of them is related with cold and fever. So giving botanical name may lead the client to the websites related with Western Herbal Medicine, which may not helping them understand the prescription given by a TCM practitioner at all. 2) Quite a few old and very experienced TCM practitioners are immune to computers and technology, it's impossible for them to use botanical name in the label. If put this requirement into practice, the general public have to face a situation that no one would like to meet: the most experienced TCM doctors can NOT practice just because they can't deliver a proper label according to the guideline. <p>To protect the general public's benefit and achieve a better communication with other professionals, the best way is to publish a Chinese Herbal Medicine MIMS. Patients can search with Pinyin, pharmaceutical name or botanical name and they can get an authoritative, standard explanation for all the Chinese herbal medicine which include the indications, side effects and interactions with other herbs or medications.</p> <p>There is a website which I would recommend: http://en.tcm-china.info/col/col3445/index.html their search function is not working properly, otherwise it would be good prototype of Chinese herbal medicine MIMS we can start with.</p>
<p>4. Are the labelling requirements practical to implement?</p>
<p>No, as mentioned above.</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?
Didn't really think about it, have no idea.
9. Does the sample label and prescription assist in understanding the requirements set out in the guidelines? Should any other examples be used?
Yes, it's helpful. If possible please give examples and templates to all the requirements.
10. Taken as a whole, are the guidelines practical to implement and sufficient for safe practice?
No, a CHM MIMS should be the foundation of the guideline, otherwise either pinyin or botanical name are just some letters in different sequence with no meanings to the general public and other professionals.
11. Is the content flow and structure of the guideline helpful, clear, relevant and workable?
Yes it's workable, but without a CHM MIMS, the guideline won't achieve the goal it was designed for.
12. Is there any content that needs to be changed or deleted?
Yes, no botanical name needed.
13. Is there anything missing that needs to be added?
Yes, a CHM MIMS should be released before implementing the guideline.
14. Do you agree with the proposed 12-month transition period and if so is this period adequate?
If a CHM MIMS has been released and the requirement of put botanical name on the label has been removed, I think 12 months transition period is adequate.
15. Should the review period for the guidelines be two, three or five years?
3 years
16. Do you have any other comments on the draft guideline?
There should be a Chinese version of the guideline since the Board had recognised that quite a few practitioners (I am one of them) have language conditions on their registration.

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