

Debra Gillick, Registrar Chinese Medicine AHPRA

17 September 2014

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Dear Debra,

## POLICY OFFERING ON LABELLING GUIDELINES

Further to our conversation, I attach a stream of consciousness on Herbal Labelling guidelines which draws on my experience from Science and Innovation Policy when I worked for the Government in London.

At the time Biotechnology was moving from the science base to the industry with the need for both policy development and regulation in many areas. I worked both in Department of Health whose philosophy was based on protecting the consumer, then in the Department of Trade and Industry whose philosophy was to support the fledgling biotechnology industry. As a rule of thumb where the policy/ regulation met to serve both consumer and industry a workable compromise was reached.

Applying this philosophy to the guidance for the labelling on dispensing herbal medicine, what is our end goal and where can we draw an analogy with the dispensing of pharmaceutical medicine?

Arguably clarity and transparency to consumers is a key attribute. What level of transparency and clarity do consumers currently experience with pharmaceutical medicine?

When prescribing pharmaceutical medicine, doctors' use the trade names in which classes of compounds e.g. share a common suffix e.g. -vir for antivirals (e.g. aciclovir or ritonavir). While trade names



of common household items e.g. paracetamol are understood, the systematic chemical name N-(4-hydroxyphenyl)acetamide is not familiar to most people.

My experience as a practitioner is that the trade name of prescribed medicine mainly occurs as mumbo jumbo to the recipients. They know what symptom the medication treats but few understand the significance of the suffix's used let alone the fine detail of how the medication works in their bodies. If the trade names were to be replaced with the systemic chemistry names, I suspect most GPs would struggle; this represents specialised knowledge of medicinal chemists, pharmacists and pharmacologists.

How can we apply this model to Chinese Herbal Medicine? What is important is that we are as clear as we can be to clients and also support the dominant form of learning and linguistic expression shared by practitioners.

The situation with Chinese Medicine is complicated because it has evolved from a foreign language; pinyin nomenclature is obscure to most clients. Those who are interested in knowing exactly what they are taking in my experience, is no more than 4%; they will Google the names of herbs listed on the label to inform themselves. The majority of clients focus on the resolution of their condition and have an interest in the more common herbs that they can relate to e.g. ginger.

If we were to apply the Latin names to the herbs this would equate with using the systematic chemical names in western medicine. This approach neither adds to the transparency for clients, nor is particularly consumer or practitioner friendly.

An additional argument for not using the Latin names is that few text books and courses give priority to this format; most teach from the pinyin names. If this is a long term aim there needs to be a 15 year plan to revise courses and text books to align with this policy change. While research papers are increasingly using the Latin name, clinical practice usually lags twenty years behind research practices. I would argue the use of Latin also discriminates against Practitioner who is native Chinese speakers which is neither fair nor desirable in maintaining a level cultural playing field.

As a compromise perhaps labelling herbal medicine using the common English name would be more transparent to consumers and easier for practitioners both English and Chinese speaking to adopt. This approach is not equivalent of trade names, but equates more closely to the use of trade names used to prescribe western



medicines. This approach is not perfect given the course material of practitioner, but is more easily learnt than the Latin names.

Thank you for reading and considering these thoughts. I hope they help to inform the policy debate around labelling for Chinese Herbal Medicine.

Yours faithfully

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