

Australian Journal *of* Herbal and Naturopathic Medicine



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Professional unity and evidence; two agents of change

Susan Arentz PhD, BHSc(Hons)

Editor, *Australian Journal of Herbal and Naturopathic Medicine*

PO Box 696, Ashfield, NSW 2131

editorajhnm@nhaa.org.au

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The first half of 2019 included many exciting events for Australian naturopaths and herbalists: a successful NHAA International Conference, the General Assembly of the World Naturopathic Federation (WNF), a government-funded initiative to re-review the evidence for some natural therapies (including naturopathy) with the view to reinstatement of private health insurance (PHI) rebates and a federal election. And if that wasn't enough, the International Congress of Complementary Medicine Research (ICCMR) and naturopathy's representation at the 72nd World Health Assembly (WHA) and articulated strategies for global integration of naturopathy into primary health care and universal health coverage. Phew!

It has never been more important to stay connected; things are changing fast and our voice is louder and stronger as we express the same message; '*United we stand*' as the song goes. The NHAA stands for statutory registration of naturopaths, protection of title, minimum degree-level qualifications (with grandfathering determined by a board of naturopaths and herbalists) and with an agenda aimed to integrate naturopathy and herbal medicine into mainstream health care.

Professional unity is a pillar strategy for success. Another significant driver is turning out to be evidence. In the context of the Government's decision to fund a re-review of the evidence that informed their original decision to remove naturopathy from PHI rebates, evidence and our communication of evidence, has never been more important. To refresh, the Government was persuaded that a re-review of evidence, due to new published evidence, was needed to improve the accuracy of their policy decision (to remove PHI rebates). The *AJHNM* issue published the convincing arguments in the first quarter in the article titled, "*An evidence-based overview of naturopathic practice in Australia*". So what is evidence and why is it important to us at this point in time?

This is a complex question and partially answered by the statement that evidence is the language of truth. Decisions based on evidence are considered to be based on facts, to be morally neutral and immune to the influences of culture. Multiple types of evidence, saying the same

thing but from different perspectives, provides depth of information and is considered to be closer to the truth than single pieces of evidence or single accounts that answer single questions. Evidence does not only come from published research, it is provided by stakeholders, including end users, practitioners and policy makers, where all information is incorporated into a complex decision-making matrix, providing answers to a range of questions, even when there is none or insufficient evidence of efficacy in the published literature. Naturopaths and herbalists provided crucial input into PHI rebate argument through the practice-based research and collaboration initiative (PRACI)², which helped to broaden the scope and strengthen the case to revise the decision.

A constant stream of new evidence from various perspectives provides an evolving evidence base, adapting and incorporating new knowledge which is drawn upon in evidence decision making in governance, policy, hospitals, hospices, communities, clinics or self-care. It's obvious that no single person or group can fulfil such a need and an evolving, rigorous evidence base is the product of many perspectives and comes from collaboration, sharing knowledge and through respectful partnerships, people working together, asking questions, sharing information and disseminating knowledge.

Evidence can also be used to qualify impartiality and transparency of decisions. Decision makers can say 'our decision was based on evidence' and enable the evidence to be interrogated (using a standardised process) to confirm the accuracy of decisions. This not only preserves the integrity of people as decision-makers, it accounts for the human elements that may influence opinions and decisions. For example, it's pretty safe to presume that most of us have a positive opinion in favour of naturopathy and herbal medicine as primary health care, after all, we are naturopaths and herbalists, trained to provide care to fellow human beings to improve health and to live our lives congruent with our beliefs in natural health care, and to express our values in our lives and in our work. This is pretty much the same for all health practitioners, working with people and who value