The drive for legitimation in Australian naturopathy: Successes and dilemmas

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Abstract

Whereas naturopathic physicians have either “licensure” or state-mandated “registration” in 13 US states and four Canadian provinces, naturopaths in Australia have thus far failed to obtain “statutory registration” in any political jurisdiction, despite the fact that chiropractors and osteopaths have done so in all Australian states and territories, and acupuncturists and Traditional Chinese Medicine practitioners have done so in the state of Victoria. Ironically, naturopathy and various other complementary medical systems are taught in many public tertiary institutions. This essay presents an overview of the development and the current socio-political status of naturopathy in Australia and its redefinition in some contexts as “natural therapies” and “natural medicine” or even as the major component of complementary medicine. It also examines reasons why the Australian state has come to express an interest in naturopathy along with other complementary medical systems.

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Introduction

Whereas various professionalized heterodox medical systems, such as osteopathy, chiropractic, and acupuncture, have been the focus of a modest amount of historical and social scientific research in various Anglophone countries, particularly the United States, Canada, Britain, and Australia, naturopathy as a professionalized heterodox medical system has received relatively little attention in these settings. I, along with Cody (1999) and Whorton (1986, 2002), have given some attention to the historical development and socio-political status of naturopathy in the United States and Eliane Gort and David Coburn (1988) and Heather Boon (1997, 1998) have touched upon various aspects of naturopathy in Canada (See Baer, 1992, 2001). In comparison to North America, naturopathy in Australia has been the subject of very little historical and social scientific research. Based upon both archival and ethnographic research that I conducted during my stint as a visiting senior lecturer at Australian National University in 2004, I present an overview of the development and current socio-political status of naturopathy “down under” and its redefinition in some contexts as “natural therapies” or “natural medicine” as a broad category within the larger rubric of “complementary medicine.”

In comparison to the United States where naturopathic physicians have achieved “licensure”
or state-mandated “registration” in 13 states, the District of Columbia, and Puerto Rico, and in Canada where they have achieved “licensure” in four provinces, naturopaths have failed to achieve “statutory registration,” the rough counter-part to the former legal processes, in any Australian political jurisdiction. In contrast, chiropractors and osteopaths obtained “statutory registration” in all Australian states and territories beginning in the early 1980s and acupuncturists and Traditional Chinese Medicine practitioners obtained statutory registration in the state of Victoria in 2000.

This essay also examines reasons why the Australian state has come to express an interest in and has provided limited support for naturopathy and various other complementary medical systems. For example, naturopathy and some other complementary medicine systems are now taught in various public tertiary institutions. While naturopathy in Australia has enjoyed some degree of increasing legitimation, it also faces the danger of losing its distinctive identity and becoming conflated with broader entities referred to as “natural therapies,” “natural medicine,” or even “complementary medicine.”

The regulatory process in Australia

Health policymakers in Australia have tended to delineate three forms of regulation for health occupations in Australia, namely self-regulation, statutory registration, and co-regulation (NSW Health Department, 2002, pp. 16–19). Self-regulation theoretically involves various occupational groups establishing and maintaining their own standards and codes of practice, education, training, and disciplinary action. Co-regulation theoretically involves various occupational groups establishing and maintaining their own standards other than those imposed by the government. Finally, statutory registration entails a state-regulated registry of members of a occupational group.

In Australia under the guidelines of Common Law complementary practitioners may practice within certain limitations without statutory registration. Common Law is based upon judicial decisions or the application of the “doctrine of precedent.” Complementary practitioners, however, are subject to “criminal and civil law sanctions... [including] being subject to action in negligence or for a criminal act” and “consumer legislation such as the Fair Trading Act and Trade Practices Act” (Weir, 2000, pp. 4–5).

The Australian Constitution grants the authority to create statutory practitioner registration to the state and territorial governments. Health occupations with statutory registration in every state and territory include biomedicine, nursing, pharmacy, dentistry, physiotherapy, psychology, optometry, podiatry, and most recently chiropractic and osteopathy. Since 2000, the state of Victoria has granted statutory registration for acupuncture and Chinese medicine.

Like most complementary practitioners in Australia, naturopaths function under Common Law which permits individuals to practice naturopathy without any training whatsoever. According to Fogliani and Khoury,

On face value this may appear to be problematic, however in reality, market-place forces prevent problems from arising. This is because without formal training a person cannot join a professional association. Without professional association membership, a practitioner cannot offer health fund rebates to their patients, obtain professional indemnity insurance or purchase practitioner-only therapeutic goods (Fogliani & Khoury, 2003, p. 4).

The development of naturopathy and natural therapies in Australia

Australian naturopathy appears to have drawn from both British and American naturopathy and became initially intricately intertwined with both osteopathy and chiropractic. Like in other countries, naturopaths function as the ultimate therapeutic eclectics. They regard disease as a response to bodily toxins and imbalances in a person’s social, psychic, and spiritual environment: germs are not the cause of disease per se but rather are parasites that take advantage of the body when it is in a weakened state. Because they believe that the healing power of nature, the *vis mediatrix naturae*, can restore one to health, naturopaths emphasize preventive health, education, and client responsibility. In the past, many naturopaths relied heavily on hydropathy (or water treatments), colonic irrigation, herbal medicine, dietetics, vitamin therapy, fasting, spinal manipulation, and exercise.
While many naturopaths continue to use these modalities, others today draw upon homoeopathy, nutritional supplements, acupuncture and Chinese medicine, Ayurveda, iridology, and counselling. The development of Australian naturopathy can be divided into three periods: (1) its emergence between the 1910s and the 1940s; (2) the holding-pattern period between the 1950s and early 1970s; and (3) its explosion from the late 1970s to the present time.

**The emergence of Australian naturopathy**

Early naturopaths in Australia obtained their training either through apprenticeships, self-education, and/or overseas training. According to Evans,

In common with overseas practice, successful practitioners dedicated a percentage of time training other interested persons, both as an altruistic and a commercial venture. Claud Beale, a naturopath practicing in suburb Brisbane, Queensland, in 1914 is reputed, for example, to have trained early figures Maurice Blackmore and Frank Roberts, although it is suggested that he probably did little more than provide both with certificates of training which were commonly purchased at that time (Evans, 2000, p. 236).

Frederick G. Roberts, a native of Hobart (Tasmania), obtained training at the London School of Natural Therapies (Jacka, 1998, p. 8). In 1929, he advertised himself as both a naturopath and an osteopath and established the Roberts’ Naturopathic Institute (a rest home) and a company manufacturing natural products in Melbourne (McGregor, 2000, p. 16). He also created clinics in Ballarat, Geelong, Newcastle, Brisbane, Ipswich, Toowoomba, Maryborough, Bundaberg, Mackay, Adelaide, Perth, and Fremantle. Roberts established the Health Academy in South Yarra which in 1959 became the Chiropractic and Osteopathy College of Australia and yet later simply the Chiropractic College of Australasia.

Maurice Blackmore, a graduate of the British Naturopathic College, immigrated to Australia in 1923, opened the first health store in Brisbane in 1934, and went on to run the Victorian Branch College of the National Association of Naturopaths, Osteopaths and Chiropractors. He created a laboratory for the manufacture of minerals and vitamins. The overlap between naturopathy and osteopathy and chiropractic was exemplified by the creation in 1936 of the Australian Chiropractors, Osteopaths and Naturopathic Physicians Association (Committee of Inquiry, 1977, p. 261). This body renamed itself the Australian Physicians’ Association in 1955 but reverted to its original name in 1970.

**The holding-pattern period**

During this period Australian naturopathy maintained a holding-pattern followed by some modest growth. Percy Alf Jacka became a naturopath by reading books on natural therapies, taking a correspondence course from the British Naturopathic College in London, and undergoing an apprenticeship under Cyril Flowers (Jacka, 1998, p. 4). He opened a naturopathic clinic in East Melbourne and reportedly between the 1950s and 1970s “had the largest naturopathic practice in Victoria and possibly within the whole of Australia” (McGregor, 2000, p. 16). Jacka served as the President of the Victorian branch of the National Association of Naturopaths, Osteopaths and Chiropractors (Ward Committee, 1975, p. 7). In 1961, he was persuaded by Blackmore to assume leadership of Victorian School of the National Association of Naturopaths, Osteopaths and Chiropractors that became the Southern School of Naturopathy and still later the Southern School of Natural Therapies (Jacka, 1998, p. 22). Alf, along with his wife Judy, played pivotal roles in the evolution of the college into a major center of naturopathy or natural therapies.

Several private naturopathic colleges and naturopathic or natural therapies associations were established during the 1960s and 1970s and added to the list of those that had been created earlier (Evans, 2000; Martyr, 2002, pp. 272–277). These included the College of Naturopathic Sciences (also called the College of Osteopathic Sciences) in Sydney, the Institute of Natural Health in Sydney, the Laws School of Naturopathy in Victoria, the Queensland Institute of Natural Sciences, the New South Wales College of Naturopathic (later called Health Schools Australia), the Nature Care College of Naturopathic and Traditional Medicine, and the Australian College of Natural Medicine in Brisbane which later established campuses in Melbourne, Perth, and the Gold Coast (Committee of Inquiry, 1977; Martyr, 2002, p. 275).

Table 1 presents a partial listing of naturopathic or natural therapy association, many affiliated with...
colleges, that existed during the 1960s and 1970s (Committee of Inquiry, 1997; Jacka, 1998).

Naturopathy received scrutiny as part of various government inquiries that examined alternative medical systems, particularly chiropractic and osteopathy. One of the first of these was the “Royal Commission of Inquiry into Matters Relating to Natural Therapists” in Western Australia (Guthrie, 1961). The Commission considered four health care specialties, namely chiropractic, osteopathy, naturopathy, and dietetics. With respect to chiropractic, the Commission concluded that “it would appear that harm, likely to be suffered by the patients from the activities of chiropractors, is comparatively slight” (Guthrie, 1961, p. 11), and thereby recommended the passage of legislation granting them statutory registration. However, it questioned the quality of naturopathic education not only in Australia but elsewhere in the world and criticized its modalities, particularly iridodiagnosis, and concluded that “naturopaths (to the extent that they exceed the ambitions of chiropractic and dietetics,) should not be encouraged and, indeed, should be prohibited” (Guthrie, 1961, p. 15). The Guthrie Report paved the way for the eventual statutory registration of chiropractors and osteopaths in all Australian jurisdictions and the creation of programs of study in chiropractic and osteopathy at public tertiary institutions. Unfortunately for naturopathy, the Committee did not deem it worthy of either statutory registration or a program of study in a public institution.

The explosion of naturopathy and natural therapies within the context of the holistic health movement

The holistic health movement began to emerge on the US West Coast, especially the San Francisco Bay Area, in the early 1970s, but quickly spread to other parts of the United States and other countries, especially Anglophone ones (namely Canada, Britain, Australia, and New Zealand, but also Western European countries, such as Germany, the Netherlands, and Denmark). It began as a popular movement that in various ways challenged the bureaucratic, high-tech and iatrogenic aspects of biomedicine. It drew upon the hippie or countercultural movement, the human potential movement, Eastern metaphysics, the environmental movement, and the feminist movement. The holistic health movement was by no means a monolithic phenomenon and varied considerably from society to society. It encompassed numerous alternative medical systems, such as homeopathy, herbalism, naturopathy, and bodywork, with divergent philosophical perspectives. Although it appeared to have its strongest expression in Western societies, it also

Table 1
Naturopathic or Natural Therapy Associations

<table>
<thead>
<tr>
<th>Association</th>
<th>Year established</th>
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<tbody>
<tr>
<td>National Herbalists' Association of Australia</td>
<td>1921</td>
</tr>
<tr>
<td>Australian Chiropractors, Osteopaths and</td>
<td>1936</td>
</tr>
<tr>
<td>Naturopathic Physicians Association</td>
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<tr>
<td>Association of Natural Health Practitioners</td>
<td>1970–1971</td>
</tr>
<tr>
<td>South Pacific Federation of Natural Therapeutics</td>
<td>Early 1970s</td>
</tr>
<tr>
<td>Australian Naturopathic Physicians Association</td>
<td>1975</td>
</tr>
<tr>
<td>South Pacific Council for Natural Therapies</td>
<td>1975</td>
</tr>
<tr>
<td>Victorian Naturopathic Physicians and Chiropractors Association</td>
<td>1976</td>
</tr>
</tbody>
</table>

Source: Committee of Inquiry (1977, pp. 264–267).
drew heavily from various Eastern healing systems, such as Chinese medicine and Ayurveda. While the diffusion of the holistic health movement from North America to Australia has yet to be delineated in detail, Martyr observes that:

The social revolution of the 1960s generated a variety of related interconnected movements in Australia, including rural resettlement, communal living, permaculture, natural healing, environmentalism, and New Age, nuclear disarmament, alternative religions, alternative schooling, personal development, and arts and crafts. Some of these revived older ideas among the alternative religions were spiritualism, the teaching of Swedenborg and theosophy; among the natural healing therapies were herbalism and homeopathy (Martyr, 2002, p. 268).

Numerous patient utilization studies conducted in the United States, Canada, the UK, and various Western European countries have sought to identify the types of people who tend to turn to complementary and alternative therapies and practitioners. A wide range of similar studies has been conducted in Australia since at least the 1980s. As in other developed countries, the Australian studies indicate that users of complementary medicine, including naturopathy, tend to be female, relatively young, employed, highly educated, and often, but not necessarily generally, involved in alternative lifestyles (Kerrode, Myers, & Ramsey, 1999; Lloyd, Lupton, Wiesner, & Haselton, 1993; MacLennan, Wilson, & Taylor, 1996; Sherwood, 2000; Social Development Committee, 1986). Conversely, complementary medicine has found some reception among working-class Australians, including ones living in country towns (Wilkinson & Simpson, 2001). Australians in massive numbers have turned to chiropractic, osteopathy, acupuncture and Chinese medicine, naturopathy or natural therapies, herbal medicine, vitamin and nutritional supplements, homeopathy, as well as an array of lesser-known therapeutic systems, such as Reiki, iridology, reflexology, and aromatherapy. Connor (2004) found that many of her respondents in Oceanport (pseudonym), a suburb of a regional New South Wales city, reported that they or other household members followed a “mixed therapy regimen” in which they either used complementary therapy prior to or in combination with biomedical treatment. Social scientists have posited a number of reasons that many Australians have embraced complementary therapies, including the inability of biomedicine to address chronic diseases and give patients quality time, a widespread perception of the existence of numerous health “risks” in the social environment, a sense that complementary medicine encompasses a more holistic approach to health care than biomedicine, and a pattern of consumerism characteristic of post-modern social life (Easthope, 2002; Siahpush, 1998).

At any rate, it was within this larger context that naturopathy gained in popularity in Australia. As in other Western societies such as the United States, Canada, and the UK, Evans (2000, p. 236) maintains that during the late 1960s and early 1970s, the “new style flower children” began to join the “old style straight-backed nature cure adherents” as practitioners of natural medicine. In a sense due to its therapeutic eclecticism, naturopathy was pre-adapted for the holistic health movement and underwent a process of rejuvenation, particularly in North America where it had undergone serious decline (Baer, 1992).

While the terms “naturopath” and “naturopathy” continue to be used in a variety of contexts, including academic programs and professional associations, the terms “natural therapies” or “natural medicine” became commonplace in Australia during the 1970s and were applied to a wide array of therapeutic systems, including Western herbalism, acupuncture, massage therapy, homeopathy, reflexology, and aromatherapy (Wiesner, 1981). The natural therapies or natural medicine are represented by numerous associations, including the Australian Traditional-Medicine Society, the Australian Natural Therapies Association, the Alumni Association of Natural Medicine Practitioners, the Australasian Federation of Natural Therapists, the Australian Council of Natural Therapies, the Australian Naturopathic Practitioners Association, and the Australian Naturopathic Network.

A considerable amount of overlap developed between naturopathy and Western herbalism (Hunter, 1991). According to Martyr (2002, p. 278), “Western herbalism in Australia has in one sense diminished, in that it is now more likely to be incorporated into a broader natural therapies practice.” The National Herbalists Association of Australia includes many naturopaths within its ranks.

Numerous new private naturopathic or natural therapy colleges were established during the late
The drive for statutory registration on the part of naturopaths and natural therapists

In their drive for professionalization and legitimacy, complementary practitioners often emulate biomedicine by pursuing some form of state mandated recognition and/or accreditation, even one internal to the occupational group. Heterodox practitioners around the world have a long history of conducting intense campaigns to obtain state sponsorship and have found support among sympathetic politicians and other patrons. In the struggles between rival medical systems, the state, which holds the power to confer legislative recognition, has tended to side with biomedicine.

According to Willis (1994, p. 70), in theory the state may engage in several forms of patronage with respect to complementary health occupations: (1) subsidization of training programs in either private or public tertiary institutions; (2) statutory registration of practitioners; (3) the granting of research funds; and (4) the incorporation of complementary practitioners into the public health insurance system. To avoid dramatic changes in the larger health care system, the legitimation granted to complementary medical systems extended by the state is generally only partial in that complementary practitioners are forced to comply with the structures, standards, and processes that are dominated by biomedicine. Cohen (2000, p. 17) argues that while regulatory legislation purportedly serves to protect the public from charlatans and incompetent practitioners, it often fails to achieve this and essentially creates social closure or barriers to entry into a particular health occupation.

Since the Webb Report of 1977, the Australian federal government and various state governments has conducted inquiries into complementary medical systems, including naturopathy. State and territory governments have tended to encourage most complementary medicine professional associations to create voluntary registration systems. In contrast to chiropractors and osteopaths in all Australian political jurisdictions and Chinese medicine practitioners in Victoria, statutory registration has been a matter that has eluded naturopaths and other natural therapists in Australia. Natural therapists enjoyed statutory registration for several years in the sparsely populated Northern Territory, beginning in 1985 when its legislative assembly passed the Allied Health and Professional Practitioners Act. The naturopathic section of the Act was based on the curriculum of the Southern School of Naturopathy and granted registration only to members of the Australian National Therapists Association (Jacka, 1998, p. 124). However, efforts to implement statutory registration for natural therapists in both the New South Wales and Victoria around the same time failed.

The Social Development Committee of Victoria (1985–1986) strongly recommended that government require practising naturopaths to complete biomedical sciences courses (Wiesner, 1989, p. 57). Furthermore the federal government had adopted a policy of mutual recognition of statutory registration that that prohibited registration for a profession in one state but not in another. This policy coupled with an objection from the Australian Traditional-Medicine Society that its members were not eligible for statutory registration resulted in the Northern Territory Legislature withdrawing this privilege for natural therapists in general (personal communication with Sue Evans, Lecturer, School of Natural and Complementary Medicine, Southern Cross University, 4 November 2004).

As this incident suggests, a major factor that has prevented many complementary practitioners, particularly natural therapists but also practitioners of Chinese medicine outside the state of Victoria, to obtain statutory registration in the various jurisdictions of Australia is that they are divided into numerous associations. Cant and Sharma (1999, p. 77) maintain that alternative or complementary medical systems function as “cottage” industries in their early stages in which their practitioners often learn their skills through apprenticeships or even from visits to therapists in other countries. In time, complementary practitioners see that it is politically expedient to establish “professional associations, pan organizations and training colleges—what might be seen as the rationalization of complementary medicine” (Cant & Sharma, 1999, p. 77). Such efforts, however, are often awkward and often result in numerous competing professional bodies and colleges often spearheaded by strong-willed and charismatic individuals who reflect both the laissez-faire mentality of complementary medicine and its difficulty in presenting a unified front to the larger
society, particularly the state. This scenario has been characteristic of the Australian scenario as Table 2, which depicts a partial listing of natural therapies associations in existence at the present time in Australia, indicates. Indeed, President Bill Pearson (2002, p. 158) noted in his address at the Australian Traditional-Medicine Society Annual General Meeting in Melbourne on 22 September 2002 that 43 complementary medicine associations exist in Australia and that ATMS represents practitioners of 31 different modalities.

The Australian Natural Therapists Association (est. 1955) developed from an amalgamation of several groups (Jacka, 1998, p. 81). It reportedly constitutes the second largest natural therapies association in Australia and also claims to represent nutritionists, herbalists, Chinese medicine practitioners, acupuncturists, osteopaths, chiropractors, Ayurvedic practitioners, and aromatherapists, and lists over 50 private health funds that recognize its practitioners for provider status (www.anta.com.au, accessed 26/1/2005).

Dorothy Hall, an herbalist, founded the Australian Traditional-Medicine Society in 1984 (Martyr, 2002, p. 278). ATMS is the largest single natural therapies association in Australia and consists of departments of massage therapy, traditional Chinese medicine, homoeopathy, naturopathic nutrition, naturopathy, and Western herbal medicine (www.atms.com.au/body.htm). It is governed by the owners of various private ATMS-accredited colleges and does not permit its rank-and-file members to vote for board members and members of various working committees. At any rate, while most of the major natural therapy associations favour statutory registration and rigorous educational requirements for practitioners, the ATMS, which claims to represent 65% of complementary practitioners, has expressed a mixed reaction to it. While recognizing that statutory registration “provides standards of competence based on accepted levels of training,” ATMS asserts that statutory registration restricts entry into the role of complementary practitioner, thus creating a shortage of needed practitioners, and can “lead to undue emphasis being placed on academic qualifications rather than on practical ability” (Australian Traditional Medicine Society, 2005, pp. 11–12). Furthermore, an amorphous group of natural therapists opposes these efforts. As Hunter (1991, p. 3) observes, “Their contention is that any movement towards establishing a more scientific basis for the practice of natural therapies (via improved standards which include a more scientific orientation) will not only exclude practitioners who have an intuitive rather than a scientific style of practice, but will ultimately lead to the erosion of the philosophy which established naturopathy as a unique profession.” She asserts that the professional associations in this group “represent a wide spectrum of practitioners whose educational backgrounds vary from fulltime professional courses to part-time public interest courses” (Hunter, 1991, p. 3).

The drive on the part of various complementary medicine practitioners, particularly Chinese medicine practitioners and natural therapists, for exemption from the General Sales Tax for health services has prompted many of them to abide by the Australian government’s call for a self-regulatory or voluntary registration system, as opposed to a statutory system. The Government had implemented a 10% general service tax (GST) for goods and services as part of its tax reform package in 2000, but stipulated that qualified herbalists, acupuncturists, and naturopaths would be GST-free if they met certain criteria. These practitioners were granted an exemption from charging GST for their consultations on the condition that their professional associations would have developed a national professional registration system by July 2003 (Australian Complementary Health Association, 2002, p. 10). The federal government granted $500,000 to facilitate this process and divided the funds equally among five major professional associations, namely the Australian Acupuncture and Chinese Medicine Association (AACMA), Australian Natural Therapists Association (ANTA), the Australian Traditional-Medicine Association (ATMS), the Federation of Natural & Traditional Therapists, and the Australasian Federation of Natural Therapists.

Table 2
A partial listing of natural therapies association in Australia

<table>
<thead>
<tr>
<th>Association</th>
<th>Year established</th>
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<tbody>
<tr>
<td>National Herbalists Association of Australia</td>
<td>1921</td>
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<tr>
<td>Australian Natural Therapies Association</td>
<td>1955</td>
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<tr>
<td>Australian Council of Natural Therapies</td>
<td>1974</td>
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<tr>
<td>Australian Naturopathic Practitioners Association</td>
<td>1975</td>
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<tr>
<td>Australian Traditional-Medicine Society</td>
<td>1984</td>
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<td>Federation of Natural &amp; Traditional Therapists</td>
<td>1991</td>
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<td>Australasian Federation of Natural Therapists</td>
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Therapists (FNTT), and the National Herbalists Association of Australia (NHAA). The NHAA and FNTT decided to collaborate on a joint proposal under the umbrella of Australian Council for Complementary Medicine. The ANTA and ATMS joined their efforts in developing a joint proposal of their own and the AACMA decided to develop its own proposal for TCM practitioners. Section 21 of the New Tax System (Goods and Services Tax Transition) Act 1999 created a sunset clause to allow acupuncturists, herbalists and naturopaths to have GST free status until 30 June 2003 (Pearson & Khoury, 2003, p. 39).

Government spending for complementary medicine and research

The federal government began formal recognition of complementary medicine training programs other than chiropractic and osteopathy in 1992. It implemented the National Health Training Packages that include standard qualification titles, such as Advanced Diploma of Naturopathy or Advanced Diploma of Western Herbalism. The Australian state has gone further than perhaps any other government in a developed society in terms of supporting public education in complementary medicine, not only chiropractic, osteopathy, and Chinese medicine (in the case of Victoria), but also in an array of natural therapies. It has done so in the following four ways: (1) by creating degree programs in various complementary medical systems in public universities; (2) by creating partnerships with private complementary medicine schools that lead to degrees in addition to advanced diplomas; (3) by offering Advanced Diplomas in various complementary medicines, particularly naturopathy, at public vocational institutions; and (4) by authorizing some private colleges to offer degrees in certain complementary medicine systems. Furthermore, the Australian government has provided some funding for research on the efficacy of complementary medicines. Table 3 depicts public universities with degrees (either bachelors or masters or both) in complementary medicine systems.

<table>
<thead>
<tr>
<th>University</th>
<th>DC</th>
<th>DO</th>
<th>TCM</th>
<th>ND</th>
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<tr>
<td>RMIT</td>
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<td>Southern Cross</td>
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<td>Western Sydney</td>
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<td>U of Technology, Sydney</td>
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<td>Sydney</td>
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<td>Victoria U of Technology</td>
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<td>LaTrobe</td>
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DC = chiropractic; DO = osteopathy; TCM = traditional Chinese medicine; ND = naturopathy; HM = herbal medicine.

Table 3

Public universities with degrees (either bachelors or masters or both) in complementary medicine systems

bachelors degrees. These include Charles Sturt University which offers the Bachelor of Health Sciences (Complementary Medicine); Southern Cross University which offers the Bachelor of Natural Therapies; the University of New England which offers Bachelor of Health Science Degrees in Naturopathy, Traditional Chinese Medicine, and Homeopathic Medicine; Victoria University which offers the Bachelor of Science—Natural Medicine; the University of Newcastle which offers the Bachelor of Natural Therapies; and the University of Western Sydney which offers the Bachelor of Health Sciences in Naturopathy. Publicly funded training programs in complementary medicine appear to pose a financial threat to the private schools of complementary medicine and may be a factor prompting the latter to upgrade their requirements.

The interest of the Australian state in complementary medicine

Despite the fact that Australia has a plural or dominative medical system that is dominated by biomedicine, other medical systems, including naturopathy, persist and thrive, albeit often under precarious and tentative conditions. Indeed, biomedicine’s dominance over rival medical systems has never been absolute in any society, developed or developing. In advanced capitalist societies, the state, which primarily serves the interests of the corporate class, must periodically make concessions to subordinate social groups in the interests of maintaining social order and the capitalist mode of production. As a result, certain heterodox or complementary practitioners, with the backing of
clients and particularly influential patrons, historically have been able to obtain legitimation in the form of limited practice rights, a situation that applies to naturopathy in a number of national contexts, or even full practice rights, a situation that applies to homeopathy in Britain and osteopathic medicine in the United States.

As in other developed societies, the corporate class and the state in Australia have, since the 1970s, come to express concern about rising health costs. Factors that contributed to rising health costs in Australia, particularly prior to the 1990s, have included (1) an increase in the utilization of health services, (2) an ageing population, (3) the growth in capital-intensive biotechnology, (4) mismanagement in health care delivery, (5) a capital-intensive provider-driven health care system, and (6) an increase in pharmaceutical expenditures. Australia has undergone a somewhat convoluted process in terms of the creation of national health insurance. The Labor government implemented a national health plan called Medibank in 1972, but this was gradually dismantled beginning in 1975 with the governance of the Liberal Party. With Labor’s takeover of the government in 1984 a new national health plan called Medicare was implemented. Like other developed societies, Australia has been plagued with rising health costs and Australian governments under both the Labor party and the Coalition (Liberal-National parties) has engaged in various strategies to contain it. Between 1989–1990 and 1999–2000, health care costs rose from 7.5% to 8.5% of the Australian GDP (Najman, 2003, p. 530).

In order to address rising health costs, the Coalition government (which assumed power in 1996) has relied upon several strategies: (1) covert rationing that entails limiting public health funds for particular patients or services, such as withdrawal of Viagra on the Pharmaceutical Benefits Scheme; (2) the allocation of patients awaiting surgery to a priority level; and (3) increased co-payments for physician visits necessitated by practices such as physicians refusing to bulk bill because they feel that Medicare does not compensate them adequately for services rendered. While it is rarely mentioned in the health economics literature, the growing support in various ways for complementary medicine exhibited by the Australian government may constitute another covert strategy for curtailing rising health costs. Indeed, one perspective on the growing popularity of alternative or complementary medicine in developed countries is summarized by Siahpush as follows:

The enormous amount of money that flows out of the capitalist class (e.g., in the form of workers’ compensation) and the State (e.g., in the form of national health coverage) into the hands of health professionals and hospitals is a hindrance for capital accumulation. Many corporate sectors now opt for less expensive, less technological and more holistic modes of healing. Consequently, individuals are encouraged to take the responsibility for their health into their own hands and opt for non-technological and inexpensive therapies (Siahpush, 1999, p. 163).

In 1996 Michael Wooldridge, Minister for Health and Family Services, and Senator Bob Woods, Parliamentary Secretary to the MHFSM invited 73 complementary medicine associations to attend the Alternative Medicines Summit at Old Parliament House (Final Report of the Alternative Medicines Summit, 16 October 1996). Wooldridge stated at the meeting:

A growing number of Australians use natural or non-traditional treatment in addition, or as an alternative, to conventional medicine. The Coalition supports the right of Australians to have this free choice... It accepts that governments need to be engaged with the industry to ensure that consumer needs are met, yet balanced with the need to ensure product and therapy safety and efficacy (quoted in Australian Complementary Health Association, 1996, p. 6).

Jim Arachne (1997, p. 14), an observer at the Summit, noted that the Government had ruled out the availability of Medicare rebates to complementary medicine practitioners and added that “[t]he Minister reminded questioners that psychologists, podiatrists, dentists, and a range of other health professionals also want Medicare funding and there isn’t enough money to go around.” Arachne astutely noted that some observers at the Summit had wondered if government concern around complementary medicine might not be based on mainly economic grounds rather than concerns for increasing health and well-being. One calculation estimated savings to government over an election period of around $640 million if just 10% of people with non-serious, self-limiting

Given that complementary medical systems, such as naturopathy, homoeopathy, and Chinese medicine, often emphasize individual responsibility for health, they are compatible with the strong interest among government health administrators, health policy makers, and academics in preventive medicine and health promotion. Since the 1970s, both Labor and Coalition governments have encouraged citizens to obtain private health insurance and have sought to make them more self-reliant and responsible (Krieken et al., 2000, p. 159).

Under the Labor governments of the 1980s and 1990s, as Kapferer (1996, p. 145) observes, deregulation, privatization, and “freedom of choice” became “benchmarks of quality in fields as diverse as health [emphasis mine], education and the welfare of the elderly or infirm.” These policies were justified on that grounds that they would make Australia more competitive in the global economy and have been even more forcibly been promoted by the Liberal-National Coalition which has governed since 1996. According to Wiseman (1998, p. 63), “[t]he Howard Government’s first budget in 1996 demonstrated a determination to reduce dramatically Commonwealth involvement in social and community services, ranging across health and dental services [emphasis mine], home and community care, migrant support programs, child care, labour-market programs, and university facilities and fees.” Nevertheless, the Coalition has not been able to dismantle Medicare because of its popularity with the vast majority of the Australian electorate.

Like other advanced capitalist societies, Australia has a long tradition of state support for private economic interests (Ravenhill, 1993). The upper echelons of Australian government bureaucracies, including those for health, have increasingly been influenced by “economic rationalism”—the belief that the “market is the best way of allocating goods and services in society at large, and that state bureaucracies should adopt business-like principles of management” (Petersen, 1994, p. 97). While economic rationalism received its initial impetus within the Liberal Party when Malcolm Fraser served as Prime Minister, the Labor governments (1983–1996) under Prime Ministers Bob Hawke and Paul Keating (1983–1996) emphasized it as has John Howard’s Coalition government since 1996 (Woodward, 2002, pp. 424–436). Pusey (1991) chronicled the commitment to economic rationalism by key senior federal government in various departments in the late 1980s and early 1990s.

Indeed, Hancock (1999, p. 1) argues that Australia evolved from a “wage-earners’ welfare state” in the 1980s into “market and neoliberal state” in the 1990s. Economic rationalism calls for a shift of national funds from the public to the private sector. Much of the emphasis of both Labor and Liberal governments for economic rationalism derives from pressures from corporate globalization. Of the Organization for Economic Cooperation and Development (OECD) nations, percentage-wise Australia is second only to the United States in private sector health spending. According to the Australian Institute of Health and Welfare (2000), government funding of health varied from 66.7% to 70.0% during the decade of 1989–1999.

The government’s support for complementary medicine is an integral part of its neo-liberal effort to divest itself of much health care expenditure as the Australian public will tolerate. Eastwood (2002, p. 223) maintains that the Australian government’s openness to complementary medicine “emphasizes consumer choice and empowerment by promoting increasing knowledge, product safety, and proven efficacy through government regulation of industry.” She also argues that “[t]he government’s rationale for reforms in CM suggests that they are part of the Commonwealth’s broader cost-cutting policy shift from acute to primary care initiatives” (Eastwood, 2002, p. 236).

The Australian government has estimated that over 60% of Australians utilize complementary medicine and spend some $2 billion (Australian) on complementary medicine, with about two-thirds of this expenditure going to complementary medicines per se and the remaining third to complementary practitioners (Eastwood, 2002, p. 223). The Australian government views complementary health care as a preventive medicine that particularly addresses chronic and lifestyle diseases that biomedicine does not address very effectively (Eastwood, 2002, p. 236). In doing so, as Siahpush notes (1999, p. 163), it bolsters its own legitimacy by appearing to be committed to the general welfare of the populace.

The Government’s MedicarePlus package “proposes an unprecedented rebate for allied and CAM services when delivered to patients managed through the Enhanced Primary program” (Cohen, 2004, p. 3). The Australian government maintains a
section on its Health Insite website that focuses on “Complementary and Alternative Therapies” and provides viewers with links to information on acupuncture, Chinese medicine, the regulation and control of complementary therapies and medicines, herbal medicine, homeopathy, naturopathy, chiropractic, and complementary therapies for mental health conditions (Complementary and Alternative Therapies, as well as therapies for various complications www.healthinsite.gov.au, accessed 10/9/2004).

Periodically, the issue of whether the government should reimburse complementary practitioners for their services arises. A Medicare Benefits Review committee chaired by Deputy Robyn Layton of the Administrative Appeals Tribunal recommended in its report to the Minister of Health in June 1985 that chiropractic and home birth midwifery should be included under Medicare coverage and that “some chiropractors should be publicly funded to work on a salaried or sessional basis in public hospitals and community health centers” (Willis, 1991, p. 65). As well, the Australian government has been funding various complementary medicine training programs (particularly chiropractic, osteopathy, naturopathy, Western herbalism, and Traditional Chinese Medicine) in public universities, undoubtedly because the operating costs for these training programs must be considerably less than those for biomedical schools, given the low technology approaches of these medical systems.

Conclusion

While complementary practitioners, including naturopaths but particularly chiropractors and osteopaths, have indeed improved their legitimacy within the context of the Australian dominant medical system, this development has not seriously eroded biomedical domination. As Willis (1988, p. 176) observes, “Practitioners of complementary care modalities have been so far unsuccessful in gaining access to the hospital system, either public or private.” Conversely, biomedical dominance has been eroding as the federal and state governments—as well as corporations—have come to play a more predominant role in the creation of health policy, which in turn has begun to adopt a greater tolerance for complementary medical systems.

The drive for statutory registration on the part of naturopaths and other complementary practitioners in Australia is fraught with contradictions. While at least some, if not many, naturopaths hope to obtain access to Medicare in this manner, Fogliani and Khoury assert that:

This view is more idealistic than realistic. Medicare is in a state of financial crisis, and any notion that Medicare would increase the coverage of its services border on fantasy. Chiropractic and osteopathy, which were registered in all Australian states over 20 years ago, still do not attract Medicare rebates (Fogliani & Khoury, 2003, p. 4).

For the time being, public support for complementary medicine and naturopathy as a part of it serves as a cost-cutting measure for the Australian state in that patients’ utilization of complementary health services generally diverts them for seeking services from Medicare.

At any rate, while naturopathy has achieved a certain legitimation in Australia, particularly since the 1990s when programs of study in naturopathy were created at various public universities, naturopathy as a distinct endeavour distinguishing it from other complementary medicine systems is increasingly being lost as it is subsumed under larger rubrics such as “natural therapies,” “natural therapies,” and even “complementary medicine.” Indeed, while Southern Cross University offers a Bachelor of Naturopathy degree, it does so within the School of Natural and Complementary Medicine that includes not only naturopaths but also herbalists and a homoeopath on its staff. Even the rubric “complementary medicine” has become increasingly difficult to define in Australia. For example, chiropractic and osteopathy have taken on a certain orthodoxy as they have evolved into intermediate health endeavours situated somewhere between biomedicine and more heterodox complementary therapies. Australian chiropractors and osteopaths have their own professional associations and tend not to belong to one or more of the wide array of other complementary medicine associations in Australia. Furthermore, while Australian naturopathy in the past overlapped considerably with both chiropractic and osteopathy, it has come to deemphasize manipulative therapy within its broad regimen of treatment.

What the Australian scenario illustrates is that medical systems are cultural constructions, the content of which is shaped by the larger political-economic and socio-cultural settings within which they are embedded. Regardless of the national setting, naturopathy’s strong bent toward therapeu-
tic eclecticism and philosophical diffusiveness means that its scope of practice also shifts over time. This has been true in other countries besides Australia. In the case of the United States, naturopathy appears to have evolved into two camps: “naturopathic medicine” is based in four 4-year colleges and has adopted various aspects of biomedicine; “traditional naturopathy” is based in a wide array of short-term, distance-training programs and asserts itself to be preserving the vitalist teachings of the old-time naturopaths (Baer, 2001). In the Australian case, while various practitioners refer to themselves as naturopaths, the existence of various associations, such as the Australian Traditional-Medicine Society and the Australian Natural Therapists Association, and training programs that offer degrees or diplomas in various natural therapies suggest that naturopathy “down under” may be in the process of being subsumed under a broader therapeutic umbrella. Only time will tell whether that broader umbrella will be termed “complementary medicine,” “natural medicine,” or something else. Indeed, many naturopaths present themselves as practitioners of other complementary therapies, such as Western herbalism, homoeopathy, acupuncture, and even Ayurveda. At any rate, it appears that the process by which naturopathy is undergoing a redefinition in part is being dictated by the policies of the Australian state that insist that the various complementary or alternative medical systems achieve some semblance of political unity in their respective drives for legitimation and statutory registration. Even if the Australian state decides to grant statutory registration to certain complementary practitioner groups, it has not given any serious indication that it plans to cover their services under Medicare, the national health plan. Indeed, neither chiropractors and osteopaths—who have enjoyed statutory registration for some time—have been fully incorporated into Medicare.

References


