ADDRESS LETTERS TO
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Chronic disease management

Dear Editor

In her research report on use of templates for chronic disease management (*AFP* April 2008), Helen Bolger-Harris[1] observes that: 'There is limited evidence on the effectiveness of care plans in improving CDM' and quotes research by Zwar et al[2] in support of this statement.

This wrongly assumes that the primary purpose of care plans is to improve chronic disease management. In fact their primary purpose is 'to enable GPs to shift from short term, episodic fragmented care to whole person care that is integrated with other health care providers'.[3] Whether that produces an improvement in chronic disease management is a separate matter.

Ms Bolger-Harris also says that: 'The TCA appears to have been used more for administrative purposes than as a real tool for collaboratively planning and managing patient care'.

This appears to confuse team care arrangements (TCAs) as a set of behavioural requirements made of GPs (eg. pass draft of care plan to other providers, negotiate the roles and actions it prescribes, confirm agreement reached) with the bit of paper on which they are written down. There is no doubt that TCAs are intended to be a real tool for collaboratively planning and managing patient care. It's just that [in my view], they are a very poor tool.

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Complementary medicine practices

Dear Editor

It is with interest that I note the juxtaposition of the articles 'Detox: science or sales pitch?'[1] and 'Lead – toxicology and assessment in medical practice'[2] (*AFP* December 2007). In the former, Ayurvedic practice is noted to have a long history of 'detox' methods, while in the latter, Ayurvedic preparations possibly should have been included as a significant source of nonoccupational lead exposure. Cases of lead toxicity following the use of Ayurvedic preparations have been reported worldwide,[3] including in Australia.[4]

I make this point because I believe that too often complementary medicine practices are presented as benign, and that to suggest otherwise is often considered to be infringing on individual liberties and lifestyle and religious choices at best, and reflecting cultural insensitivity and the hegemony of western medicine at worst.[5]

This may be the reason that Professor Cohen has tread so carefully in his article[1] when addressing the publications describing the detoxification programs promoted by the Church of Scientology. These publications make up a set of publications originating from, and regularly cited by, Church of Scientology related organisations and the Foundation for Advancements in Science and Education as evidence for the efficacy and safety of their detoxification programs. Upon closer analysis, it is evident that: only four of the cited references are in 'real' journals; four are abstracts presented at conferences; and one appeared in *Townsend Letter*, an internet and print publication the website for which states that they 'encourage reports which frequently are not data based but are anecdotal'.

Therefore, if this article were a systematic review, only four of the 11 papers might have been considered for inclusion, and the statement regarding symptom reduction and improved neurophysiological and neuropsychological function would be even more unsupportable.

In this era of evidence based medicine, all practices should be held to the same standards of evidence and, as the burden of proof should remain with those making a claim – no effect is no effect.

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