UNIVERSITI TEKNOLOGI MARA

DOCTORS' ETHICAL DILEMMAS AT THE INTERFACE OF CONVENTIONAL MEDICINE AND TRADITIONAL & COMPLEMENTARY MEDICINE IN MALAYSIA: ANALYSIS AND RECOMMENDATIONS

HELWA HUSNA BINTI KATIMAN

Dissertation submitted in partial fulfillment of the requirements for the degree of Master in Medical Ethics and Medical Jurisprudence

Faculty of Medicine

February 2022

ABSTRACT

One of the most prominent criticisms levelled towards traditional & complementary medicine (T&CM) is the lack of sufficient proof of quality, safety and efficacy of most T&CM therapies. Furthermore, studies have shown that doctors are often unprepared to discuss or draw appropriate conclusions concerning T&CM. These problems are further compounded by the absence of ethical guidelines for doctors when at the interface of conventional medicine and T&CM. Setting on this background, this study sought to address a gap in local policy and literature by proposing recommendations on ethical practices when doctors are at the interface of conventional medicine and T&CM. The study employed a library-based research method to examine the current development of Malaysia's T&CM regulatory framework, and it is followed by an analysis of the ethical dilemmas faced by doctors concerning T&CM. The ethical dilemmas analysed focused on the conflict between respect for autonomy and paternalism, issues with the doctor-patient relationship, and emerging issues relating to the promising therapeutic effect of traditional herbal medicine during a pandemic. Following the analysis, this study developed recommendations on the most appropriate ethical practices, which can be divided into three main components. Begin with 'Pre-Care' which was intended for relevant stakeholders to make strategic interventions in knowledge dissemination. Following that, 'During-Care' encompassed eight pillars of an ethical framework for doctors when at the interface of conventional medicine and T&CM. Finally, 'Post-Care' addressed the duty to report harmful or adverse events related to T&CM. This study aimed to assist the medical fraternity and key stakeholders to take necessary interventions by incorporating ethical practices in T&CM, in order to ensure patients receive the utmost benefit while minimising potential harms.

ACKNOWLEDGEMENT

Firstly, I wish to thank God for the blessings showered upon me. I am grateful to be given health, strength, love and protection to me and my family during this period of unprecedented calamity. Only with His blessings have I been able to complete this master journey and finish this dissertation project.

In preparing this dissertation, I was privileged to have come in contact with so many good-hearted people. In particular, I wish to express my sincere appreciation to my dissertation supervisors, Dr Mark Tan Kiak Min and Dr Muhamad Zaid Muuti who have selflessly and tirelessly put in their efforts to encourage, guide, critic, motivate, and inspire me to complete this dissertation. Without their continued support and interest, this dissertation would not have materialised in the way that it has.

I am also in debt to these two individuals; Kanny Ooi from the Medical Council of New Zealand and Dr Karena Khalid from the Traditional and Complementary Medicine Division, Ministry of Health Malaysia for their professional insights on this topic. My heartfelt gratitude to my previous directors in MOH, who permitted me to embark on this master programme, allowing me to focus as a full-time postgraduate student. Special thanks to my batchmates, friends and colleagues at work for helping me directly and indirectly with this dissertation. Despite the hardship that I had to endure throughout this master journey, I have gained a lot of precious knowledge, which has broadened my perspective and opened my eyes to see the world in a more purposeful manner.

This dissertation is dedicated to my dearest husband, Ahmad Fadhil Alias, my beloved parents, Dr Katiman Rostam and , for their vision and determination to provide me with the very best. My infinite thanks to my extended families for their academic input and psychosocial support. I am also blessed to have my affectionate sister-in-law, Dr Fadhlina Alias, for her encouragement and having my back when it came to my 4A troop: Adam-Adleen-Anas-Alya. Lastly, but certainly not the least, my warmest appreciation goes to my soul sister, Aimi Mohd Yunus, for always being there for me, no matter what circumstances I was in. May God grant you the highest place in Jannah for the kindness of your heart and all that you have done for me and for others.

Unfortunately, it is not possible to name all of the good people in my life in this limited space. But certainly, this humble piece of achievement is dedicated to all of you. Alhamdulillah.

TABLE OF CONTENTS

CONFIRMATION BY PANEL OF EXAMINERS	ii
AUTHOR'S DECLARATION	iii
ABSTRACT	iv
ACKNOWLEDGEMENT	v
TABLE OF CONTENTS	vi
LIST OF CASES	ix
LIST OF LEGISLATIONS	X
LIST OF TABLES	xi
LIST OF FIGURES	xii
LIST OF ABBREVIATIONS	xiii
LIST OF DEFINITIONS	xiv

CHA	APTER ONE: INTRODUCTION	1
1.1	Background of the Study	1
	1.1.1 Role of T&CM in Strengthening Healthcare System	2
	1.1.2 Overview of T&CM Approaches	4
	1.1.3 Overview of T&CM in Malaysia	5
1.2	Problem Statement	6
1.3	Research Questions	7
1.4	Research Objectives	7
1.5	Literature Review	7
	1.5.1 Ethical Framework	8
	1.5.2 Legal Framework	9
1.6	Research Methodology	11
1.7	Organisation of Chapters	12
1.8	Scope and Limitation of the Study	13
1.9	Significance of the Study	13

CHAPTER ONE INTRODUCTION

1.1 Background of the Study

Traditional and complementary medicine (T&CM) has been extensively used worldwide for disease prevention, diagnosis, and treatment (World Health Organization [WHO], 2001). The population from low- and middle-income countries have contributed to the increased use of T&CM in recent years (Gureje et al., 2015). A systematic review shows that eastern countries have higher rates of national T&CM usage compared to western countries (Harris, Cooper, Relton, & Thomas, 2012). For instance, Asian countries like Japan, South Korea and Malaysia each recorded 76%, 75%, and 56% of 12-month prevalence of national T&CM usage by general populations, respectively, as opposed to western countries like the United States of America (US), the United Kingdom (UK), and Canada (38%, 26%, and 12% respectively) (Harris et al., 2012). Nevertheless, other affluent countries such as Australia have also recorded a high national T&CM usage at 52% (MacLennan, Wilson, & Taylor, 2002). These findings demonstrate that the prevalent use of T&CM in various countries may be influenced by historical background and cultural beliefs.

People have chosen T&CM in treating their illness for different reasons, with perceived benefits and safety of T&CM being the most apparent motives for the usage (Tangkiatkumjai, Boardman, & Walker, 2020). Others believe that conventional medicine does not treat an individual's bodily, psychological, or spiritual needs sufficiently (White, 2000; Zhu & Chan, 2018). The inadequacy of conventional medicine leads patients to seek T&CM, either as an alternative or as complementary medicine. A significant proportion of people with chronic or life-threatening illnesses have used T&CM at some stage throughout their condition, especially when being informed by doctors that conventional medicine is ineffective in treating their illnesses (Institute of Medicine (US) Committee on the Use of Complementary and Alternative Medicine by the American Public [IOM], 2005).

It is pertinent to note that, the term 'complementary and alternative medicine' (CAM) is frequently used in literature to address a non-mainstream health-related practice, primarily in western countries (Barrett, 2003). Nevertheless, the commonly