



NZASA
New Zealand
Acupuncture Standards
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Ethical Advertising Guidelines for Healthcare Professionals

Your advertising responsibilities

Practitioners are responsible for the content of the advertising of health-related services and products associated with their practice.

As registered members of NZASA you have responsibilities under the following:

- The Medicines Act 1981
- The Code of Health and Disability Services Consumers' Rights
- Commerce Act 1986
- The Fair Trading Act 1986
- The NZ Advertising Standards Therapeutic and Health Advertising Code
- NZASA code of Ethics

Advertising is wider than just a business/practice/clinic website. Advertising that you are responsible for includes any public promotion of your business//practice/clinic. It includes (but is not limited to) all online advertising (including social media), radio or television, and all print advertising that is **within your control** (see below regarding third party websites and platforms).

Healthcare advertising rules in New Zealand prohibit any advertising that may mislead the public.

Practitioners **must** ensure that any statements or claims made about Chinese medicine practice in general or their practice in particular **are not false, misleading or deceptive** or create an unreasonable expectation of benefits from their services.¹

Terminology in your advertising material

Do not use the word **cure**. Do not give the impression via your wording that a cure will be achieved.

Do not give the impression that there is a **guarantee** of a therapeutic outcome. Do not give a prognosis in terms of how many treatments in which you would expect to resolve any particular condition.

Do not state that acupuncture is **safe** without further explanation. It may be considered misleading to infer that any particular therapeutic approach including Chinese medicine (herbal or acupuncture) is safe without also acknowledging that individuals respond differently, and all forms of treatment have the potential for an adverse effect to occur.²

Instead explain that acupuncture is considered to be a relatively safe therapy but occasionally may be associated with possible adverse effects in certain individual cases.

Or **you can state** that Chinese medicine is generally considered to be a safe treatment modality but occasionally it may be associated with adverse reactions in individual cases. (As is the case with all health treatments)¹.

The use of Testimonials

The Medicines Act Section 58 (1) (c) states that no person shall publish, or cause or permit to be published, any medical advertisement that directly or by implication claims, indicates, or suggests that a medicine ... or the method of treatment, advertised –

(iii) has beneficially affected the health of a particular person or class of persons, whether named or unnamed, and whether real or fictitious, referred to in the advertisement³

This means that a practitioner **cannot use a testimonial in their advertising** which states (or implies) that the treatment given helped treat or alleviate the symptoms or the condition that the patient came to see them for.

A testimonial is a positive statement or comment provided (or claimed to have been provided), generally by a patient or client **about the clinical aspect** of the therapeutic treatment you provide.

Testimonials may also include feedback and recommendations from colleagues and other health care professionals.

Testimonials include:

- Success stories
- Case studies
- Real life stories.

The resources below will give you more information on the Medicines Act and how it applies to testimonials.

1. The Medicines Act 1981. Available from:

<http://www.legislation.govt.nz/act/public/1981/0118/69.0/whole.html#DLM56045>

2. The Advertising Standards Authority. *Therapeutic and health advertising code and guidance notes*. Available from: <http://www.asa.co.nz/wp-content/uploads/2016/08/ASA-Therapeutic-and-Health-Advertising-Code.pdf>

Examples of testimonials which are **not acceptable**:

Paul, 35, is just one of the many satisfied patients at our clinic. He writes: 'I had tried everything to help my back pain and the acupuncture treatments I received at example clinic are the only thing I found that has worked.'

Jane, 40 writes 'After months of suffering, I finally have relief from my headaches. It's so wonderful to have a good night's rest. And this was only after 4 sessions of acupuncture. I can't thank you enough.'

Why?

- A testimonial **implies** to a potential patient that they may **expect the same or a similar result** contained in the testimonial.
- Testimonials can be misleading. They do not usually represent a balanced view but typically include a narrow selection of positive comments about patient experiences. This may create an unrealistic expectation of outcomes from treatment.
- Testimonials are most often personal opinions which **do not have a scientific or objective basis** as a recommendation of the practitioner's treatment.
- Potential patients may place too much weight on testimonials because they do not have the knowledge of this field of health care or access to other resources to accurately assess the validity of the claims.⁴

You can use a testimonial or review which only discusses **non-clinical elements of your treatment or practice setting**. For example, the patient/client states that they found you/the practitioner to have a professional and friendly manner and/or that your clinic space was welcoming or in a convenient location. It **cannot** include reference to any **clinical aspect** of the care given.

Example of a review that **is acceptable**:

Anne, 45 writes: 'The practice is warm and comfortable and I have been going there for years. Parking is great and the staff is lovely.'

Note: Google reviews or any review made on a third party website or platform that the practitioner/advertiser does not have control over are not considered advertising in this context as you do not have the ability to edit material from these sites.

Using the title of Specialist

Avoid using the phrases **specialist, specialises in**, or that your practice is a **specialist clinic**.

The word **specialist** implies that the practitioner has followed a prescribed, standardised clinical and educational pathway to achieve their specialism. Currently in the Chinese medicine profession there are no recognised specialist categories in New Zealand.

Even if you have extensive training and specific Chinese medicine clinical experience you cannot give the impression you are a specialist as this may be misleading to the public.

Instead use wording such as (for example) 'I have a particular interest in working with patients with musculoskeletal conditions.'

You can (and should) list your qualifications and if you have had specific clinical experience of note then list that. Keep to stating the facts.

Using the title of Doctor

There exists a **high probability to mislead** the public if the title of Doctor is not applied clearly. Therefore, **NZASA's recommendation is** that practitioners **do not use** the title Dr/Doctor unless you are a New Zealand registered medical practitioner (GP or Medical Specialist registered with the NZ Medical Council).

If you do choose to adopt this title you **must** qualify the title (i.e. provide a full explanation of the context of your qualification) and if obtained outside New Zealand, state the country the qualification was achieved in.

It must be clear to the public that you are making the distinction that you **are not** registered with the NZ Medical Council.

For example, if you hold an academic Doctorate or PhD:

Dr Joe Bloggs, PhD (Philosophy, USA)

Dr Jill Li, PhD (TCM, China)

Dr Jane Smith DSc (Doctor of Science)

If you hold the qualification of a medical doctorate or another medical qualification from another country **you must** make it clear in your advertising that you **are not** a doctor registered with the New Zealand Medical Council. **You must** make it clear in your profile where your qualifications are from.

For example:

Dr David Jones, MD (China)

Dr Jill Li (MBBS, USA)

The title must be qualified each and every time you use it in your advertising.

You are recommended to avoid using the title in your email address.

Specific areas of concern – The Medicines Act 1981

There are specific conditions listed in the Medicines Act 1981 which you need to be particularly careful about in your advertising. This is an area that has generated advertising complaints to NZASA and to the Advertising Standards Authority.

Familiarize yourself with the Medicines Act 1981, Section 58 and the conditions specified in Part 1 and Part 2 of Schedule 1. Available from: -

<http://www.legislation.govt.nz/act/public/1981/0118/69.0/DLM57001.html#DLM5700>

If advertising therapeutic claims in regard to the conditions mentioned in Part 1 and Part 2 of the Medicines Act:

1. Do not use wording **that states or implies** that your treatment **can cure, prevent, alleviate, reduce***, or **terminate** any of these conditions.

2. If you do choose to include any of these conditions in your advertising **you must** be able to **substantiate** therapeutic claims with up to date, acceptable, **evidence-based research**.

You will need this to defend any advertising complaint you may face.

It is preferable to have the supportive evidence present on your website/advertising or to provide a link to it so that is easily verifiable by those reading your advertising material.

This research must at the very least be available to those who request it.

*The term reduce is allowed for conditions in Part 2 of Schedule 1.

Example 1: Infertility is listed on Part 1 of Schedule 1.

You need to think carefully about how you are going to advertise if you work with fertility issues. There is currently insufficient research-based evidence that Chinese medicine can effectively treat infertility or improve fertility that would meet the criteria for advertising claims.²

You may choose to use wording such as support rather than treat or improve. You could for example discuss helping women identify their fertile window, or discuss the TCM framework and patterns of disharmony.

Research from some experimental data is available (a mixture of animal and human studies) in the following areas: -

- Regulating the menstrual cycle.

- Helping to counteract stress levels.
- Improving blood circulation to the pelvic organs, including the ovaries and uterus.
- Helping to support ovulation dysfunction in some women.

However, the current research base is in need of well-designed and larger studies to explore the use of acupuncture in supporting fertility before any substantive claims can be made.

There is some research evidence that Chinese medicine treatment may assist in supporting those undergoing fertility treatments such as IVF. However, the results on the benefit to pregnancy rates/outcomes are mixed.

You need to make it clear in your advertising that this is the case and not just give examples of the studies that did have a positive outcome. The Paulus et al⁵ study for example is 16 years old now. The recently published Smith et al⁶ study showed very different results. If you make this clear then you are less likely to mislead potential patients.

There is research around acupuncture as an adjunctive treatment to IVF, helping to reduce stress and build resilience in women through what can be an emotionally demanding time.^{7,8,9}

Remember to keep an eye on new acupuncture research that is published and update your advertising as new evidence emerges.

Example 2: Menopause, disorders of, is in Schedule 1, Part 1 of the Medicines Act

Instead of including this broad health category in your advertising, focus on the specific areas (symptoms) of Menopause that there is current research to support.

For example, acupuncture may help you better manage hot flushes related to menopausal changes. A 2018, systematic review and meta-analysis found that there was evidence to support the use of acupuncture as a stand-alone treatment, or as an adjunctive treatment, to reduce the severity and frequency of vasomotor symptoms (hot flushes) in menopausal women. In addition, acupuncture was shown to improve health related quality of life outcomes in these women.¹⁰

Avoid generalisations and broad statements about complex disorders.

Be specific about what aspects of complex or broad diseases that Chinese medicine may be able to assist with **and** has an evidence base for.

Example 1: Cancer is in Schedule 1, Part 1 of the Medicines Act.

Instead of advertising that Chinese medicine can assist/support those that are going through cancer treatment, be more specific about which aspects of cancer support there is current

evidence for e.g., the management of nausea or vomiting arising from chemotherapy and cancer related fatigue.¹¹

Example 2: Mental Disorders is in Schedule 1, Part 1 of the Medicines Act.

Rather than stating that acupuncture is useful for treating depression, state that acupuncture has been shown to improve the symptoms associated with depression, such as disturbances in sleep^{12,13}, quality of life¹⁴ or chronic pain.^{14,15}

State that this may be combined with a multidisciplinary approach.

Acupuncture Research in Advertising

Many practitioners currently still refer to the following WHO document in their advertising.

World Health Organization. Acupuncture: Review and Analysis of Reports on Controlled Clinical Trials. 2002¹⁶

This document is now out of date as it was published in 2002, and the review was limited to controlled clinical trials that were published up to 1998 (and early 1999 in some cases). Therefore, the research in this review is at least 19 years old.

In light of this, and in line with other countries such as Australia, **NZASA is advising you not to use this document as a reference source** in your advertising as it does not meet the criteria of acceptable evidence.

When referring to research studies they should:

Be as recent as possible (in the last 5-8 years is preferable).

- Be studies with human participants (i.e. not animal studies or theoretical modelling studies).

When referencing scientific research in advertising you should: -

- Use terminology that is likely to be easily understood by the target audience.
- Represent all research **accurately**. If it was a small study then state that.
- Provide a **balanced view** – if there is a mixture of results in the research available (as is the case with acupuncture and IVF) then state that.
- **Do not overstate the results.**
- Ensure the research is from a reputable (e.g. peer reviewed) and verifiable source.
- Do not write general statements such as ‘research shows Chinese medicine successfully treats x condition’ or ‘there is plenty of research showing acupuncture/Chinese medicine is effective at treating x’ without providing a reference/s to the relevant research.
- If you refer to a specific piece of research, a link to the research should be added so the public can independently verify it.

Therapeutic claims in relation to other conditions

Please remember that when advertising, **all claims made about therapeutic effects need some form of evidence to substantiate them.**

You should review the following overview from the Commerce Commission on making accurate claims in advertising.

<https://comcom.govt.nz/business/dealing-with-typical-situations/making-accurate-claims>

Also review this fact sheet from the Commerce Commission which provides an overview of the substantiation provisions of the Fair Trading Act.

https://comcom.govt.nz/_data/assets/pdf_file/0030/89850/Unsubstantiated-representations-Fact-sheet-July-2018.pdf

In addition, review the Advertising Standards Authority's, therapeutic and health advertising code and guidance notes. In particular Principle 2: Truthful Presentation.

<http://www.asa.co.nz/wp-content/uploads/2016/08/ASA-Therapeutic-and-Health-Advertising-Code.pdf>

And finally, IF IN DOUBT, contact NZASA for guidance.

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References

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2. Statement adapted from: The Chinese Medicine Board of Australia: Check your advertising: Chinese medicine examples: 2017. Available from:
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3. Parliamentary Counsel office. New Zealand Legislation. *The Medicines Act 1981*. Available from:
<http://www.legislation.govt.nz/act/public/1981/0118/69.0/whole.html#DLM56045> [Accessed 2/8/18]
4. Statements adapted from the: Australian Health Practitioner Regulation Agency. *Testimonial in health advertising: A tool to help you get it right*. 2018. Available from:
<http://www.ahpra.gov.au/Publications/Advertising-resources/Check-and-correct/Testimonial-tool.aspx> [Accessed 2/8/18]
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<https://aim.bmj.com/content/30/2/85.long> [Accessed 2/8/18]
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<https://www.liebertpub.com/doi/pdf/10.1089/acm.2016.0408> [Accesses 2/8/18]

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12. Dong B, Chen Z, Yin X, et al. The Efficacy of Acupuncture for Treating Depression-Related Insomnia Compared with a Control Group: A Systematic Review and Meta-Analysis. *BioMed Research International*. 2017;2017:9614810. Available from doi:10.1155/2017/9614810. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5996410/#B25> [Accessed 2/8/18]
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Resources

1. The Acupuncture Evidence Project

McDonald J, Janz S. *The Acupuncture Evidence Project: A Comparative Literature Review (Revised Edition)*. Brisbane: Australian Acupuncture and Chinese Medicine Association Ltd; 2017. Available from:

<http://www.acupuncture.org.au/OURSERVICES/Publications/AcupunctureEvidenceProject.aspx>

Note: As this work is a review of individual studies it should be used as a directory. You can make a link to this on your website but you should be able to identify the individual studies for individual conditions if asked for them

*The Authors advice that practitioners can print copies of the plain English version on double sided A3 paper which can be folded into A4 brochures and placed in your clinic for promotional purposes.

2. National Institute for Health and Care Excellence. *Headaches in over 12s: diagnosis and management:* Guidance and guidelines. 2012. Available from:

<http://www.nice.org.uk/guidance/cg150/chapter/Recommendations>

3. Acupuncture for chronic pain and depression in primary care

MacPherson H, Vickers A, Bland M, Torgerson D, Corbett M, Spackman E, et al. Acupuncture for chronic pain and depression in primary care: a programme of research. Program Grants Appl Res [Internet]. NIHR Journals Library; 5(3):1–316. Available from:

<https://www.ncbi.nlm.nih.gov/books/NBK409491/>

Note: As this work is a review of individual studies it should be used as a directory. You can make a link to this on your website but you should be able to identify the individual studies for individual conditions if asked for to supply evidence. The exception is the primary study on depression and acupuncture.

4. Acupuncture in Women’s Health

Cochrane S, Smith CA, Possamai-Inesedy A, Bensoussan A. Acupuncture and women’s health: an overview of the role of acupuncture and its clinical management in women’s reproductive health. *International Journal of Women’s Health*. 2014;6:313-325. doi:10.2147/IJWH.S38969. Available from:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3962314/pdf/ijwh-6-313.pdf>

5. Acupuncture and IVF research: Current and future directions

Hullender Rubin LE, Anderson BJ, Craig LB. Acupuncture and invitro fertilisation research: current and future directions. *Acupuncture in Medicine*. 2018 Apr;36(2): 117-122. doi: 10.1136/acupmed-2016-011352. Epub 2018 Feb 10.

Available from: <https://aim.bmj.com/content/36/2/117.long>

6. Join the Facebook group Acupuncture research share group

7. Evidence Based Acupuncture Website

<https://www.evidencebasedacupuncture.org/acupuncture/>

8. Acupuncture and Induction of Labour

Smith C, Armour M, Dahlen H. Acupuncture or acupressure for induction of labour. Cochrane Database of systematic Reviews 2017, Issue 10. Art. No.: CD002962. DOI:10.1002/14651858.CD002962.pub4.

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