



Medical Council of New Zealand

Statement on complementary and alternative medicine

Background

1. This statement has been written to inform doctors of the standards of practice that would be expected of them by the Medical Council of New Zealand should they choose to practise complementary or alternative medicine or if they have patients who use complementary or alternative medicine.
2. When complementary and alternative medicines (CAM) have demonstrated benefits for the patient and have minimal risks, Council supports doctors using them or referring to CAM practitioners.
3. No person may be found guilty of a disciplinary offence under the Health Practitioners Competence Assurance Act 2003 merely because that person has adopted and practised any theory of medicine or healing if, in doing so, the person has acted honestly and in good faith¹.

Definition

4. CAM is a widely used term, but it has no commonly accepted definition. The definition of *complementary and alternative medicine* developed at a 1997 conference of the United States Office for Alternative Medicine of the National Institutes of Health² and subsequently adopted by the Cochrane Collaboration and the Ministerial Advisory Committee on Complementary and Alternative Medicine is:

Complementary and alternative medicine (CAM) is a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period. CAM includes all such practices and ideas self-defined by their users as preventing or treating illness or promoting health and well-being.

And the World Health Organisation³ defines it as follows:

Complementary and alternative medicine (CAM) refers to a broad set of health care practices that are not part of a country's own tradition and not integrated into the dominant health care system. Other terms sometimes used to describe these health care practices include 'natural medicine', 'non-conventional medicine' and 'holistic medicine'.

Doctors whose patients use CAM

5. CAM therapies are often used by patients. Doctors need to acknowledge and be aware of CAM therapies, even if they do not intend to use or recommend them. Some CAM therapies can adversely impact on conventional medical care. Therefore doctors today need to be aware, and where appropriate record, what CAM therapies their patients use so this can be taken into account when providing conventional care.

6. Doctors should also take into account that CAM therapies may be practised within a specific cultural context. Doctors need to be mindful of the cultural beliefs, mores and behaviours of their patients and must respect these.
7. Some patients might be reluctant to tell doctors about CAM therapies they use. In asking about CAM therapies, doctors should be respectful and ensure that the patient is aware these treatments may impact on the outcome of care.
8. If a patient expresses an interest in CAM the doctor should indicate the limits of his or her knowledge and, where appropriate, suggest that further information could be obtained from sources such as www.cam.org.nz⁴, the Cochrane Collaboration⁵ or a CAM practitioner.
9. Where a patient is making a choice between conventional medicine or CAM, the doctor should present the patient with the information that a reasonable patient, in that patient's circumstances, would expect to receive about the treatment the doctor is recommending. This information includes an explanation of the options available including an assessment of the expected risks, side effects, benefits and cost of each option⁶. This allows competent patients to make an informed choice.

Doctors who practise CAM or refer patients to CAM practitioners

10. Some doctors do refer patients for CAM therapies or incorporate them into their own practice.
11. In a decision the Medical Practitioners Disciplinary Tribunal (the Tribunal) stated:

*There is an onus on the practitioner to inform the patient not only of the nature of the alternative treatment offered but also the extent to which that is consistent with conventional theories of medicine and has, or does not have, the support of the majority of practitioners...*⁷
12. The Council endorses these comments and expects doctors who include CAM within their medical practice or refer patients for CAM therapies to inform the patient in the manner suggested by the Tribunal before obtaining consent (and as required by the Code of Health and Disability Services Consumers' Rights). Careful attention to the process of informed consent is particularly important when the proposed treatment is in any way innovative, and patients should be advised when there is a lack of scientific support for treatment.
13. In the same decision, the Tribunal further stated:

The Tribunal recognises that persons who suffer from chronic complaints or conditions for which no simple cure is available are often willing to undergo any treatment which is proffered as a cure. As such, they are more readily exploited.
14. Doctors must never exploit patients or misrepresent any form of treatment or health service in order to obtain consent.
15. If the doctor is not the patient's general practitioner, then he or she should ensure continuity of medical care is being provided elsewhere. When a doctor sees a patient whose continuity of care is being provided by another general practitioner, he or she should be in regular contact with the general practitioner and should fully document CAM and other treatments provided.
16. In **assessing** patients doctors must:
 - (a) perform a pertinent history and physical examination of patients, sufficient to make,

- or confirm, a generally recognised diagnosis, and in this meet the standard of practice generally expected of the profession⁸
- (b) reach a diagnosis by using a diagnostic system demonstrated by appropriate research methodologies to have a high level of accuracy and proven benefits to patients
 - (c) advise patients of the evidence based and conventional treatment options, their risks, benefits and efficacy, as reflected by current knowledge
 - (d) document all of the above in accordance with sound practice.
17. In **treating** patients and in engaging in health promotion, doctors must:
- (a) ensure that the treatment is efficacious, safe and cost effective
 - (b) have current knowledge and skills in their area of practice
 - (c) be competent in the practices they employ
 - (d) act honestly and in their patient's best interests according to the fundamental ethics of the profession
 - (e) provide sufficient information to allow patients to make informed choices, and to refer to, or consult with, others when patients request it, when the doctor requires assistance or when the standard of practice requires it. (Where there is no reason to believe such a referral would expose the patient to harm there is no barrier to making a referral to a CAM practitioner or to utilising a CAM treatment)
 - (f) not misrepresent information or opinion. Patients must be made aware of the likely effectiveness of a given therapy according to recognised peer-reviewed medical publications, notwithstanding the doctor's individual beliefs
 - (g) obtain informed consent to any proposed treatment.
18. In **advancing knowledge**, and providing treatments in areas of uncertainty where no treatment has proven efficacy doctors must:
- (a) ensure that their patients are told the degree to which tests, treatments or remedies have been evaluated, and the degree of certainty and predictability that exists about their efficacy and safety
 - (b) be prepared to collaborate in the collection of information that can be appraised qualitatively or quantitatively, so that new knowledge is created, to be shared with, and critically appraised by, the profession.

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¹ Section 100(4) of the Health Practitioners Competence Assurance Act 2003

² O'Conner, B *et al.* (1997) Defining and describing complementary and alternative medicine, *Alternative Therapies* 3(2), pgs 49-56. For further reference see also MACCAH (2004) *Complementary and alternative health care in New Zealand*.

³ World Health Organisation (2004) *Guidelines on developing consumer information on proper use of traditional, complementary and alternative medicine (WHO)*, pg XIII

⁴ www.cam.org.nz is an online searchable resource provided by the Ministry of Health to give clear, precise and up-to-date evidence based information to the public about CAM.

⁵ <http://www.compmed.umm.edu/Cochrane/index.html>, the Cochrane Collaboration is an international organisation that brings together healthcare providers, consumers, and scientists who volunteer to compile up-to-date systematic reviews of evidence regarding the benefits and risks of health care.

⁶ As required by the Code of Health and Disability Services Consumers' Rights.

⁷ *Director of Proceedings v Dr R W Gorringe* MPDT Decision No: 237/02/89D

⁸ In its decision *Director of Proceedings v Dr R W Gorringe*, the MPDT found that Dr Gorringe conducted inadequate clinical examinations of two patients, took inadequate histories, placed undue reliance on one diagnostic technique (peak muscle resistance testing) and "...failed to carry out any other diagnostic tests to confirm or exclude his diagnosis when, plainly, he should have done so."