



Statement on complementary and alternative medicine

Background

1. This statement has been written to inform doctors of the standards of practice that are 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. This statement may be used by the Health Practitioner's Disciplinary Tribunal, the Council and the Health and Disability Commissioner as a standard by which a doctor's conduct is measured.
3. When complementary and alternative medicines (CAM) have demonstrated benefits for the patient and have minimal risks, and patients have made an informed choice and given their informed consent, Council does not oppose their use.
4. 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

5. 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'.

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

Doctors whose patients use CAM

6. CAM therapies are often used by patients. You need to acknowledge and be aware of CAM therapies, even if you do not intend to use or recommend them. Some CAM therapies can adversely impact on conventional medical care. Therefore you need to be aware, and where appropriate record, what CAM therapies your patients use so this can be taken into account when providing conventional care.
7. You should also take into account that CAM therapies may be practised within a specific cultural context. You need to be mindful of the cultural beliefs, mores and behaviours of your patients and must respect these.⁴
8. Some patients might be reluctant to tell you about CAM therapies they use. In asking about CAM therapies, you should be respectful and ensure that the patient is aware these treatments may impact on the outcome of care.
9. If a patient expresses an interest in CAM you should indicate the limits of your knowledge and, where appropriate, suggest that further information could be obtained from sources such as the Cochrane Collaboration⁵, BMJ Best Treatments⁶, a CAM practitioner, or a New Zealand-based professional body.
10. Where a patient is making a choice between conventional medicine or CAM, you should present the patient with the information that a reasonable patient, in that patient's circumstances, would expect to receive about the options available. This information includes an assessment of the expected risks, side effects, benefits and cost of each option⁷. This allows competent patients to make an informed choice.

Doctors who practise CAM or refer patients to CAM practitioners

11. Some doctors do refer patients for CAM therapies or incorporate them into their own practice.
12. 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...*⁸
13. The Council endorses these comments and expects that if you include CAM within your medical practice or refer patients for CAM therapies you 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 expensive or in any way innovative, and you should advise patients when scientific support for treatment is lacking.
14. 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.*⁸
15. You must never exploit patients or misrepresent any form of treatment or health service in order to obtain consent.⁹
16. If you are not the patient's general practitioner, then you should ensure continuity of medical care is being provided elsewhere. When you see a patient whose continuity of care is being provided by another general practitioner, you should be in regular contact with the general practitioner and should fully document CAM and other treatments provided.

⁴ Refer to the *Statement on cultural competence*.

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 www.besttreatments.net/btgeneric/home.jsp, *BMJ Best Treatments* has been developed by the British Medical Journal to collate the best and most up-to-date medical research into the effectiveness of treatments.

⁷ As required by Right 6 of the *Code of Health and Disability Services Consumers' Rights*.

⁸ Director of Proceedings v Dr R W Gorringe MPDT Decision No: 237/02/89D

⁹ As required by Right 2 of the *Code of Health and Disability Services Consumers' Rights*.

17. In **assessing** patients you 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 profession¹⁰
- (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.

18. In **treating** patients and in engaging in health promotion, you must:

- (a) ensure that the treatment is efficacious, safe and cost effective
- (b) have current knowledge and skills in your area of practice
- (c) be competent in the practices you employ
- (d) act honestly and in your 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 you require 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 your individual beliefs
- (g) obtain informed consent to any proposed treatment.

19. In **advancing knowledge**, and providing treatments in areas of uncertainty where no treatment has proven efficacy you must:

- (a) ensure that your 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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This statement is scheduled for review by March 2016. Legislative changes may make this statement obsolete before this review date.

¹⁰ 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."