COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

POLICY STATEMENT #3-11

Complementary/Alternative Medicine

APPROVED BY COUNCIL: November 1997

REVIEWED AND UPDATED: February 2000, November 2011

PUBLICATION DATE: *Dialogue*, Issue 4, 2011

KEY WORDS: Autonomy; Beneficence; Altruism; Exploitation; Conflict of Interest; Informed Consent; Trustworthiness

LEGISLATIVE REFERENCES: *Health Care Consent Act*, 1996, S.O. 1996, c.2, Sched. A.; *Medicine Act,1991*, S.O. 1991, c.30; O. Reg. 114/94 General, O.Reg. 856/93 Professional Misconduct, O.Reg. 865/93, Registration, enacted under the *Medicine Act, 1991*, S.O. 1991, c.30.

REFERENCE MATERIALS: The Practice Guide: Medical Professionalism and College Policies; Consent to Medical Treatment; Medical Records; Changing Scope of Practice

COLLEGE CONTACT: Public and Physician Advisory Service

Complementary/Alternative Medicine

INTRODUCTION

In increasing numbers, patients are looking to complementary medicine for answers to complex medical problems, strategies for improved wellness, or relief from acute medical symptoms.[1] Patients may seek advice or treatment from Ontario physicians, or from other health-care providers.

Patients have the right to make health care decisions that accord with their own values, wishes and preferences. This includes decisions to pursue complementary/alternative medicine either as an adjunct to conventional medicine, or instead of conventional medicine. The *Medicine Act, 1991* states that physicians shall not be found guilty of professional misconduct or incompetence solely on the basis that they practice a therapy that is non-traditional or that departs from the prevailing medical practice.[2] The College expects that all Ontario physicians, whether they practise conventional medicine, complementary/alternative medicine or some combination thereof, will practise the profession in a manner that is informed by evidence and science and is in keeping with professional, ethical and legal obligations. This policy articulates how the principles and obligations for professional, competent and ethical medical practice apply to complementary/alternative medicine. Physicians are, however, expected to comply with all of their legal, professional and ethical obligations and are advised to consult additional College policies, *The Practice Guide*,[3] and other resources as necessary.

TERMINOLOGY

Conventional Medicine: Refers to the type of treatment, diagnostic analysis and conceptualization of disease or ailment that is the primary focus of the curricula of university faculties of medicine. It is sometimes referred to as traditional medicine or science-based medicine and is the type of medicine that is generally provided in hospitals and in specialty or primary care practice.

Complementary/Alternative Medicine (CAM): Refers to a group of diverse medical practices and products that are not generally considered part of conventional medicine. They are also sometimes referred to by other terms, such as non-traditional, and non-conventional. The boundaries between CAM and conventional medicine are not absolute and some specific CAM practices may become incorporated into conventional medicine.[4]

PRINCIPLES

In accordance with The Practice Guide, the professional expectations in this policy are based on the following principles:

1. Act in patients' best interests, in accordance with fiduciary duties;
2. Respect patient autonomy with respect to health care goals, and treatment decisions;
3. Communicate effectively and openly with patients and others involved in the provision of health care;
4. Maintain patient trust through a commitment to altruism, compassion and service.

SCOPE

This policy applies to all physicians who are involved with CAM.

The General Expectations section contains content that is applicable to all physicians.

The Specific Expectations section contains content that is applicable to three physician roles: physicians who practise CAM, either as the primary focus of their practice, or in addition to conventional medicine; physicians who practise conventional medicine only, but whose patients pursue CAM; and physicians, regardless of the nature of their practice, who wish to form professional affiliations with CAM clinics, therapies, or devices.

1 Nadeem Esmail, "Complementary and Alternative Medicine in Canada: Trends in Use and Public Attitudes 1997-2006", *Fraser Forum* (July/August): 19-22; PM Barnes, B Bloom, R Nahin, "Complementary and Alternative Medicine Use Among Adults and Children: United States, 2007", *CDC National Health Statistics Report* 12 (December 10, 2008): 1-24.

2 Section 5.1 *Medicine Act, 1991*, S.O.1991, c.30: A member shall not be found guilty of professional misconduct or of incompetence under section 51 or 52 of the *Health Professions Procedural Code* solely on the basis that the member practises a therapy that is non-traditional or that departs from the prevailing medical practice unless there is evidence that proves that the therapy poses a greater risk to a patient's health than the traditional or prevailing practice. 2000, c. 28, s.1.

3 *The Practice Guide: Medical Professionalism and College Policies*, CPSO: http://www.cpso.on.ca/policies/guide/default.aspx?id=1696.

4 National Center for Complementary and Alternative Medicine, National Institutes of Health: http://nccam.nih.gov/health/whatiscam/.

POLICY

The College expects that when acting in a professional capacity, physicians do so competently, in accordance with their legal, ethical and professional obligations.

A. General Expectations for Physician Conduct

The general expectations for physician conduct expressed in this section mirror existing obligations contained in The Practice Guide.

Grounded in principles of ethics and professionalism, these expectations translate into specific obligations for physician conduct: obligations to act in patients' best interests, to respect patient autonomy, to refrain from exploiting patients, and to manage conflicts of interest.

These principles and obligations are applicable to all medical practice, and represent the foundation of good medical practice. They are highlighted here to underscore their application to CAM.

i) Act in Patients' Best Interests

When acting in a professional capacity, physicians must always be motivated by a regard for what is best for the patient. This expectation applies equally to situations in which physicians are treating patients, and situations where physicians may not have an identifiable patient, but are affiliated with a clinic, therapy or device.

ii) Respect Patient Autonomy

Patients are entitled to make treatment decisions and to set health care goals that accord with their own wishes, values and beliefs. This includes decisions to pursue or to refuse treatment, whether the treatment is conventional, or is CAM.

The College expects physicians to respect patients' treatment goals and medical decisions, even those with which physicians may disagree. In discussing these matters with patients, physicians should always state their best professional opinion about the goal or decision.

iii) Refrain from Exploitation

Exploitation occurs when a physician, in his or her professional capacity, dominates and influences patients to further the physician's own personal interests.[5]

Exploitation is an abuse of power, and is directly contrary to the profession's commitment to altruism and beneficence. It undermines the trust and confidence individuals and the public at large have in the medical profession and is never acceptable.

iv) Conflicts of Interest

When acting in a professional capacity, physicians must place the interests of their patients over their own personal interests.[6]

Physicians must comply with the requirements of the Conflict of Interest regulation, enacted under the *Medicine Act, 1991*[7] and must also refrain from charging excessive fees for services provided.[8]

B. Specific Expectations for Physician Conduct

In addition to the general expectations above, the College has specific expectations for physician conduct which relate to the three physician roles contemplated in this policy: physicians who practise CAM; physicians who are in conventional practice but who treat patients who use CAM; and physicians who wish to form professional affiliations with CAM clinics, therapies or devices.

1) Practising CAM

This section applies to all physicians who practise CAM, either as the primary focus of their practice, or as a component of their conventional practice.

When physicians are practising CAM, the College expects

5 *Norberg v. Wynrib*, [1992] 2 S.C.R. 226.

6 See O.Reg. 114/94 *General*, Part IV, *Conflicts of Interest,* and O.Reg. 856/93 *Professional Misconduct*, enacted under the *Medicine Act, 1991*, S.O. 1991, c.30.

7 O.Reg. 114/94 *General*, Part IV *Conflict of Interest*, enacted under the *Medicine Act, 1991*, S.O. 1991, c.30.

8 Section 1(1), paragraph 21, O.Reg. 856/93 *Professional Misconduct*, enacted under the *Medicine Act, 1991* S.O. 1991, c.30.

that they will do so competently, in keeping with their legal, professional and ethical obligations.

i) Clinical Competence: Knowledge, Skill and Judgment

Physicians must always act within the limits of their knowledge, skill and judgment[9] and never provide care that is beyond the scope of their clinical competence.[10]

This expectation applies equally to treatments or therapies that the physician recommends to patients and those which patients request. Where patients seek care that is beyond the physician's clinical competence, physicians must clearly indicate that they are unable to provide the care. Where physicians are unable to provide care directly, they are encouraged to refer the patient to another physician or health-care provider where doing so is in the best interests of the patient, or will support the patient's informed decision making.

ii) Clinical Assessment and Diagnosis

All patient assessments and diagnoses must be consistent with the standards of conventional medicine and be informed by evidence and science.

Clinical Assessments

Physicians providing CAM must conduct a clinical assessment of the patient.

Any clinical assessment of a patient must involve taking an appropriate patient history, and performing or ordering any necessary medical or laboratory examinations or investigations that are required to obtain relevant and comprehensive information about the patient's ailment or condition.

If the patient has seen other health-care practitioners for the same ailment and has had a clinical assessment completed, physicians may be able to rely on this clinical assessment. In order to do so, physicians must have reviewed the assessment, and must be satisfied that it meets the standards of conventional medicine. If physicians have any doubts in this regard, the College expects them to err on the side of caution and conduct their own clinical assessment.

Diagnosis

Physicians providing CAM must reach a conventional diagnosis.

If physicians also reach a CAM diagnosis, that diagnosis must be based on the clinical assessment conducted and other relevant information, be supported by sound clinical judgment and informed by evidence and science.

CAM diagnoses that do not satisfy these requirements are not acceptable diagnoses.

iii) Treating the Patient: Therapeutic Options and Informed Consent

Physicians must always have valid informed patient consent to authorize therapeutic intervention.[11] Physicians must also evaluate and analyze all available therapeutic options, in accordance with the expectations set out below.

Therapeutic Options

Any CAM therapeutic option that is recommended by physicians must be informed by evidence and science, and it must:

- Have a logical connection to the diagnosis reached;
- Have a reasonable expectation of remedying or alleviating the patient's health condition or symptoms; and
- Possess a favourable risk/benefit ratio based on: the merits of the option, the potential interactions with other treatments the patient is receiving, the conventional therapeutic options available, and other considerations the physician deems relevant.

Physicians must never recommend therapeutic options that have been proven to be ineffective through scientific study.

9 Sections 2(1)(c), 2(5), O.Reg. 865/93, *Registration*, enacted under the *Medicine Act, 1991*, S.O. 1991, c.30; Changing Scope of Practice policy: http://www.cpso.on.ca/policies/policies/default.aspx?ID=1622; *The Practice Guide*.

10 This expectation applies to all non-emergent situations. In emergency situations, physicians may be permitted to act outside their scope of expertise in some circumstances. See the Physicians and Health Emergencies policy for more detail: http://www.cpso.on.ca/policies/policies/default.aspx?ID=3510.

11 Under the *Health Care Consent Act, 1996*, S.O. 1996, c.2, Sched. A, consent for treatment may not have to be obtained in emergency situations: s.25.

Informed Consent and Communication

The provision of CAM must be authorized by valid informed consent, in accordance with the legal and policy requirements set out in the *Health Care Consent Act, 1996*[12] and the Consent to Medical Treatment policy.[13]

The College expects that through the consent process, physicians will convey the following to patients:

- The extent to which the CAM diagnosis reached (if applicable) is supported by the conventional medical community;
- Their rationale for recommending the therapeutic option in question;
- Reasonable expectations about the clinical efficacy of the therapeutic option;
- Whether the therapeutic option is supported by the conventional medical community, along with the level of support provided by the CAM community;
- A description of how the therapeutic option compares to conventional medical interventions that would be offered to treat the same symptoms or condition (comparison of risks, side effects, therapeutic efficacy, etc.); and
- Accurate information about the conventional therapeutic options that would be offered to treat the same symptoms or condition.

The details of the consent process, including the above information should be documented in the patient's medical record.

In order for patient consent to be informed, physicians must always provide patients with accurate and objective information about the available therapeutic options. Physicians must never inflate or exaggerate the potential therapeutic outcome that can be achieved, misrepresent or malign the proven benefits of conventional or CAM treatment or make claims regarding therapeutic efficacy that are not substantiated by evidence.

It is a principle of good practice that physicians provide their professional opinion in an accurate and objective manner, substantiated by fact and sound clinical judgment. Clinical concerns must always be highlighted.

2) Treating Patients who pursue CAM

This section of the policy applies to physicians who practise conventional medicine only, but who treat patients who are pursuing CAM from others.

i) Patient Use of CAM and Documentation

In order to provide safe, high quality conventional medical care, physicians must have complete, accurate information about their patients. This includes information about any CAM that patients may be pursuing or may wish to pursue.

The College advises physicians to inquire about patient use of CAM on a regular basis. This might involve incorporating questions about CAM into annual health exams, and/or patient assessments for specific health conditions or ailments.

Where patients are pursuing CAM, physicians should note this fact in the patient's medical record, along with any details of the therapy the patient is able to provide.

ii) Discussing CAM

When asked for information about CAM, physicians must respond in a professional manner, within the limits of their knowledge, skill and judgment.

Physicians may wish to consider whether they can assist patients in obtaining reliable and accurate information about the CAM modality or intervention in question. This may involve suggesting potential resources,[14] or referring patients to other practitioners where doing so is in the best interests of the patient, and will support informed decision making.

12 Ibid; S.O. 1996, c.2, Sched. A.

13 Available online at: http://www.cpso.on.ca/policies/policies/default.aspx?ID=1544. Physicians are reminded that this policy articulates consent requirements pertaining to medical treatment. Separate obligations will apply when patients are consenting to medical research. The College recommends that physicians seek the guidance of their legal counsel or the CMPA for further detail.

14 This may include directing patients to journal articles, scientific studies and/or websites or providing them with more general resources, such as the contact information of regulatory colleges which govern practitioners of the desired therapy.

iii) Implications for Conventional Medical Care

The College does not expect physicians to be knowledgeable about every CAM modality or treatment their patients may be pursuing or may wish to pursue.

If physicians are aware that a patient is receiving CAM, they should turn their minds to this fact when determining which conventional therapeutic options may be suitable. In particular, physicians must consider whether any potential negative interactions may arise between the conventional treatment and the CAM treatment and take reasonable steps[15] to assess whether a negative or otherwise adverse reaction may arise.

Where physicians have been unable to determine whether the potential exists for negative or adverse interactions they must communicate this to the patient, and include a corresponding notation in the patient's medical record.

3) Professional Affiliations

This section applies to all physicians who are considering forming a professional affiliation with a CAM clinic, therapy or device.

Physicians should be aware that patients might equate the professional affiliation with a clinical endorsement of efficacy or safety.

In order to uphold the reputation of the medical profession, and to satisfy the professions' ethical obligations to patients, the College expects physicians to critically assess the efficacy and safety of the care offered by the clinic, or the therapeutic benefit to be obtained from the therapy or device. Professional affiliations should only be formed if physicians are satisfied, on the basis of evidence and science, that:

- the proposed care or health benefit is safe or at minimum, is not more risky than comparable conventional interventions or not more risky than not receiving conventional interventions; and
- there is a reasonable expectation that the care will be clinically effective.

If physicians have met these requirements, and proceed to form a professional affiliation, they must ensure that any published materials accord with the requirements in regulation.[16]

15 Reasonable steps may include conducting basic research into the matter, or consulting with the CAM practitioner, with the patient's consent.

16 See section 6 of O.Reg. 114/94 *General*, enacted under the *Medicine Act, 1991*, S.O. 1991, c.30.

COMPLEMENTARY/ALTERNATIVE MEDICINE

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