



Standard of Practice: Complementary & Alternative Medicine (2017)

A **Standard of Practice** is the minimum standard of professional behavior and ethical conduct expected by the College on a specific issue.

Complementary & Alternative Medicine

Preamble

Patients have the right to make health care decisions that reflect their own values, wishes and preferences. Such decisions may include complementary and alternative medicine (CAM) therapies either as an adjunct to conventional medicine or in the place of conventional medicine. The College expects that when physicians practise CAM, that they do so in a manner which is informed by evidence and science and is in keeping with professional, ethical, and legal obligations.

Definitions

Complementary and alternative medicine (CAM) is a group of diverse medical and healthcare systems, practices, and products that are not generally considered to be part of conventional medicine. They are also sometimes referred to by other terms, such as non-traditional, and non-conventional.

Conventional medicine is the type of treatment, diagnostic analysis, and conceptualization of disease or ailment that is the primary focus of medical practice. It is evidence-informed, science-based, and typically provided in hospitals and communities in the form of specialty or primary care practices.

Standard of Practice

Physicians practising CAM are held to the same standards of practice of the College as would be employed for the provision of conventional medicine.

A physician's practice of CAM should always be in keeping with current practices and therapies that are safe, well-researched, evidence-based, effective, and appropriate for patients' health conditions. Physicians need to be clear, concise, accurate, and truthful to reflect what they can offer their patients in terms of CAM. They must also respect patient autonomy for health care goals and treatment decisions.

Physicians must always act in patients' best interests and should never exploit the emotions, vulnerability, or finances of patients for personal gain or gratification.

Expectations for Physician Conduct when Practising CAM

Prior to recommending CAM, physicians must consider whether they are acting within the limits of their knowledge, skills, and judgments and only proceed when they are within the scope of their clinical competence.

The College expects that prior to practising CAM, a physician will conduct a clinical assessment on the patient which meets the standard of conventional medicine. If the patient has seen other health-care providers for the same ailment and has had a clinical assessment completed, the physician can rely on this assessment if they have reviewed the assessment and are satisfied it meets the standard. If the physician also reaches a CAM diagnosis, that diagnosis must be supported by sound clinical judgment and informed by evidence and science.

Following completion of a clinical assessment, the physician must inform the patient about the conventional medicine therapies which are appropriate for the patient's diagnosis. The College expects that all physicians will remain current with the conventional medicine therapies which are within their scope of practice.

Prior to recommending a CAM therapeutic option, the physician must first evaluate the evidence and science relating to the proposed therapy and only consider options which:

- (a) are appropriate for the patient's diagnosis;
- (b) have a reasonable expectation of remedying or alleviating the patient's health condition or symptoms; and
- (c) have a favorable 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 obtain informed consent from their patients prior to providing CAM. The College expects that through the consent process, physicians will convey the following information to patients:

- (a) the rationale for recommending the CAM;
- (b) the reasonable expectations about the clinical efficacy of the CAM;

- (c) the level of support for the CAM by both the conventional and CAM community;
- (d) a description of how the CAM compares to conventional medicine that would be offered to treat the same symptoms or condition;
- (e) information about the conventional therapeutic options that would be offered to treat the same symptoms or conditions; and
- (f) disclosure of their financial interest, if any, in the CAM.

Acknowledgements

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Federation of State Medical Boards (2002). *Model Guidelines for the Use of Complementary and Alternative Therapies in Medical Practice*. Retrieved from https://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/2002_grpol_Complementary_Alternative_Therapies.pdf

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