



**OMA Submission  
CPSO Preliminary Consultation  
Complementary/Alternative Medicine Policy**

May 2019





## **CPSO Preliminary Consultation re Complementary/Alternative Medicine Policy**

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The OMA welcomes the opportunity to comment on the CPSO's Complementary/Alternative Medicine (CAM) policy. We appreciate that the CPSO is open to feedback and recommendations about its policies through its preliminary consultation process.

As the current policy notes, increasingly patients are looking to complementary medicine for answers to their medical, health and wellness issues. A 2016 survey conducted by the Fraser Institute showed that 79% of respondents had used at least one complementary or alternative therapy sometime in their lives (compared to 74% in 2006 and 73% in 1997) and 56% had used at least one CAM therapy in the year prior to the survey. The most common types of therapies used were massage, chiropractic care, yoga, relaxation techniques, acupuncture, and prayer, with increasing numbers of patients turning to osteopathy, and naturopathy.<sup>1</sup>

Given patient interest in this area, it is reasonable to assume that physicians will have increasing need to respond to patient inquiries and requests for information about CAM therapies. The OMA believes it is important for the CPSO to identify clear expectations for both practising and non-practising CAM physicians so that they may respond appropriately.

As the CPSO is aware, CAM medicine covers a broad spectrum of treatments and interventions. There is a varying degree of understanding and acceptance of CAM therapies within the physician community. It is the OMA's understanding that at times, the CPSO establishes a policy working group to assist with the development or review process of policies that deal with complex issues. Given the broad scope and differing opinions regarding complementary and alternative medicine, the OMA recommends that a working group be established and that its review of the policy be informed by consultations and focus groups with both practising and non-practising CAM physicians and members of the public who have experience with CAM therapies. The OMA would welcome the opportunity to participate on such a working group.

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<sup>1</sup> <https://www.fraserinstitute.org/studies/complementary-and-alternative-medicine-use-and-public-attitudes-1997-2006-and-2016>

## Preliminary Feedback Regarding the CAM Policy

### 1. *Policy Format:*

The OMA is aware that the CPSO is working to redesign its policies to make them more concise and readable with clear physician expectations. We recognize that a future iteration of the CAM policy will be re-formatted in this manner. We support this process to simplify policies, to use less technical language, and to focus on the “must have” physician responsibilities while moving less essential but helpful information to Appendices, Information Sheets, or Frequently Asked Questions (FAQ’s). As well, the scope of the current policy is quite broad. The CPSO may wish to consider separating the policy into two documents, one that outlines expectations for CAM-practising physicians, and one that outlines expectations for non-CAM practising physicians. For reference, the CPSO may wish to consult the CAM policies of the medical regulatory bodies in other provinces, for example, British Columbia, Alberta, Saskatchewan, and Nova Scotia. These policies are roughly two pages in length and contain links to other policies/documents with additional information physicians may find useful.

With respect to the title and subject matter of the policy, Complementary/Alternative Medicine, we recognize that this is common terminology often used to describe this area of medicine. However, some organizations, such as the National Center for Complementary and Integrative Medicine (NCCIH), are moving towards the term “integrative medicine”. We ask that the CPSO explore the possibility of whether Complementary and Integrative Medicine may be a more appropriate title for this policy and subject matter.

With respect to the Terminology section, we would recommend deleting the word “traditional” from the definitions for convention and CAM medicine as “traditional” medicine may more appropriately apply to Ayurveda, traditional Chinese medicine, indigenous health practices, and other cultural traditions. It may be helpful to add other definitions such as integrative medicine, and CAM treatment modalities. This terminology section could likely be moved to an Appendix.

Regarding the section, General Expectations for Physician Conduct, it may be more appropriate to address these issues in the CPSO Practice Guide which covers all physicians under all circumstances, rather than in a policy that is directed at CAM-physicians. There may be offense taken to the implication that some physicians are more inclined than others to behave in a non-trustworthy manner. If the section is maintained in the policy, perhaps consideration could be given to re-wording the section, (iii) Refrain from Exploitation. More concise language regarding exploitation is found in the Maintaining Appropriate Boundaries policy and may be preferable – “At all times, a physician has an ethical obligation not to exploit the trust, knowledge and dependence that develops during the physician-patient relationship for the physician’s personal advantage.”

## 2. *Conflict of Interest*

It would be helpful to clarify that the Conflict of Interest provisions in the policy apply to all physicians. As well, we ask that the policy clarify the expectation that (1) physicians who have financial relationships to any aspect of patient care or prescription of therapies comply with the conflict of interest requirements outlined under the *Medicine Act* in Regulation 114/94, and (2) that physicians refrain from charging excessive fees for services provided in accordance with the CPSO Policy on Uninsured services.

## 3. *Discussions with Patients*

The Fraser Institute survey referenced earlier indicates that, on average, 58% of respondents had not discussed their use of alternative medicine with their doctor. The most common reason (57%) given was because the physician didn't ask. Only a small percentage, 6%, indicated that thought their physician might disapprove. The CPSO may wish to encourage physicians to ask their patients about other therapies they may have explored or treatments they have sought from non-physician healthcare providers to ensure they have a complete picture of the patient's health and to prevent possible complications from contraindicated medicines, supplements or therapies. Physicians should refrain from negative judgments and commentary on therapies they are unfamiliar with or not trained in. As well, it may be appropriate to refer patients to other health practitioners with greater familiarity with the CAM treatment in question.

## 4. *Patient Autonomy*

The OMA agrees that patient autonomy should be respected and that patients should not be criticized or discharged from a physician's practice for pursuing CAM therapies, as is consistent with the CPSO policy, *Ending the Physician-Patient Relationship*. Guidance is requested for physicians whose patients ask them to order CAM-based tests recommended by non-physician CAM providers, particularly when the CAM provider's rationale for the test lies outside the physician's expertise or conflicts with the physician's knowledge of conventional medicine.

## 5. *Resources Section*

As a companion document to the CAM policy, it would be helpful to have a Resources Section for physicians as it is important to have access to reliable information on CAM products and therapies in the event a patient wants to discuss them.

Other helpful resources that may help physicians to implement the CAM policy in their practice may include:

- A patient handout that outlines physician expectations in relation to CAM,
- A template to document patient informed consent,
- A brief one-page reference regarding conflict of interest expectations,
- A Tips Sheet for discussing CAM with patients.

## 6. Peer Consideration

As a general comment aside from the CAM policy, physicians who practice CAM have indicated a real need to be evaluated by a peer if the College receives a complaint, or initiates an investigation or discipline proceeding. It is important to gain the perspective from other practising CAM physicians about the issue under consideration, whether that be through representation on the Inquiries, Complaints and Reports Committee or on Discipline panels.

Thank you for the opportunity to provide preliminary feedback concerning the Complementary/Alternative Medicine policy. The OMA welcomes the opportunity to participate further in the policy review process as the CPSO moves into its next phase of consultations on this policy.