

# Complementary / Alternative Medicine – Preliminary Consultation Survey Report

## Introduction

The College of Physicians and Surgeons of Ontario (the “College”) is currently reviewing its [Complementary / Alternative Medicine](#) policy.

As part of the review process, an external consultation was undertaken from March to May, 2019. Invitations to participate in the consultation were sent via email to a broad range of stakeholders, including the entire College membership. In addition, a general invitation to provide feedback was posted on the College’s website and social media platforms. Feedback was collected via regular mail, email, an [online discussion forum](#), and an online survey.

**This report summarises only the stakeholder feedback that was received through the online survey.**

## Caveats

Participation in this survey was voluntary. As such, no attempt has been made to ensure that the sample of participants is representative of any sub-population.

In the interest of space, stakeholder feedback to open-ended questions has been summarised to capture key themes and ideas.

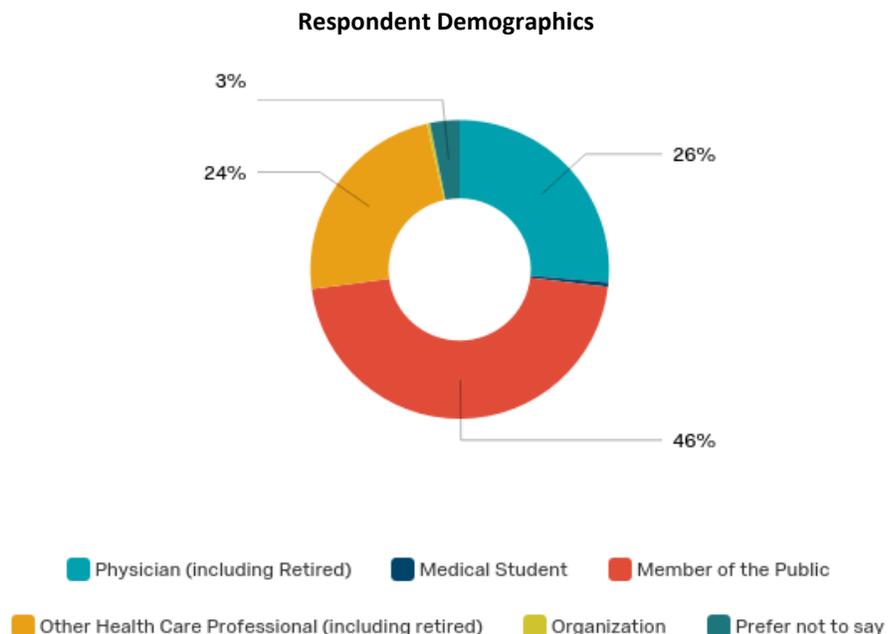
## Who we heard from

A total of 831 surveys were received in response to this consultation (see demographics below).

The vast majority of respondents were from Ontario (92%).

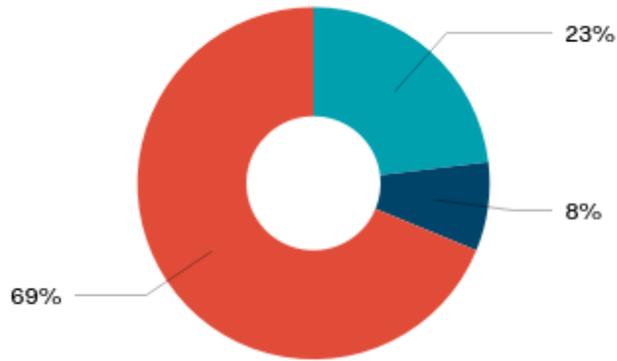
Organisational respondents included:

- Bad Science Watch
- Canadian Anti-Corruption League
- Ontario Chiropractic Association



**The following questions were posed only to respondents who identified as physicians (including retired):**

**Question: Are Complementary / Alternative Medicine (CAM) treatments offered within your practise? (n = 221)**



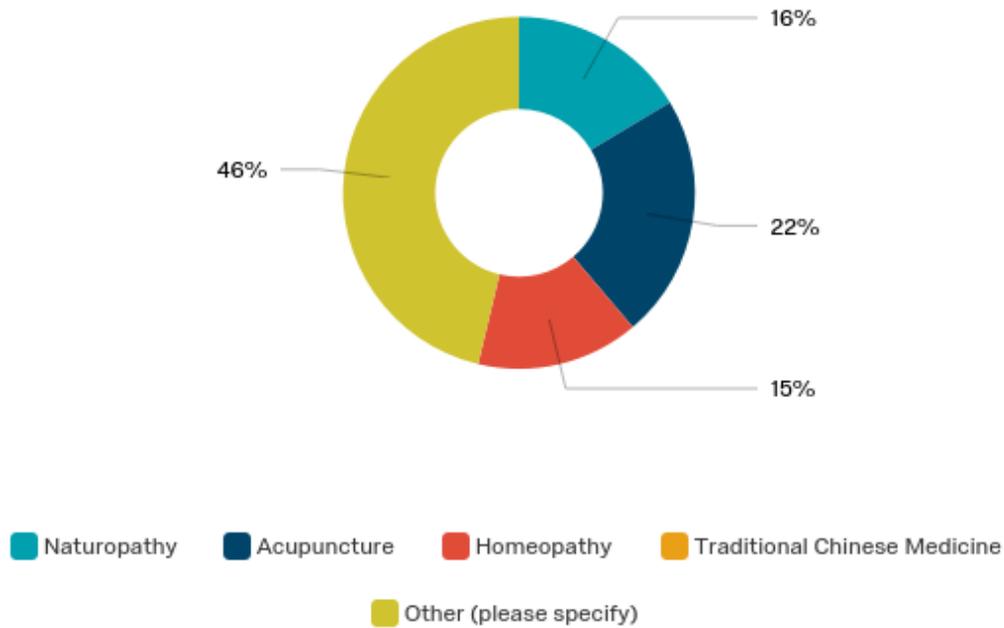
■ Yes, I personally administer CAM in my practise

■ Yes, but I do not personally administer CAM (for example, it is administered by another practitioner)

■ No

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Question: Which CAM treatments are offered in your practise? (n = 67)



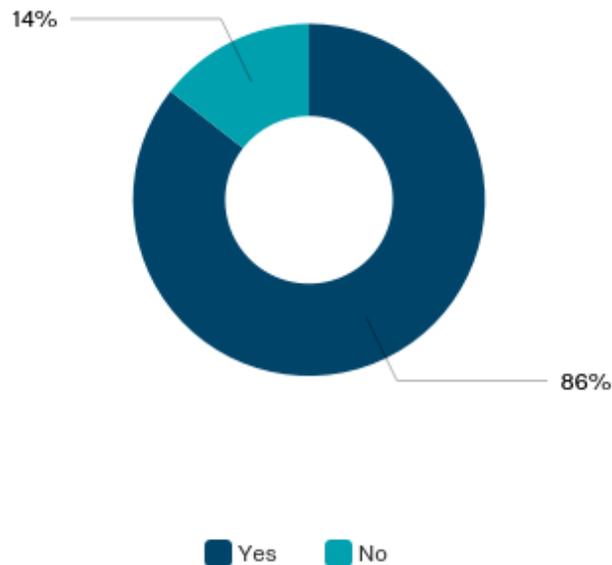
Almost half (46%) of physicians reported offering additional CAM treatments under the open-ended “Other” category. Examples included:

- Nutrition and diet
- Vitamins and supplements
- Exercise and fitness
- Chiropractic
- Mindfulness
- Meditation
- Hormone therapies
- Insomnia treatment
- Stress management

Several physicians indicated that while they do not offer CAM treatments in their practise, they do refer patients to CAM practitioners.

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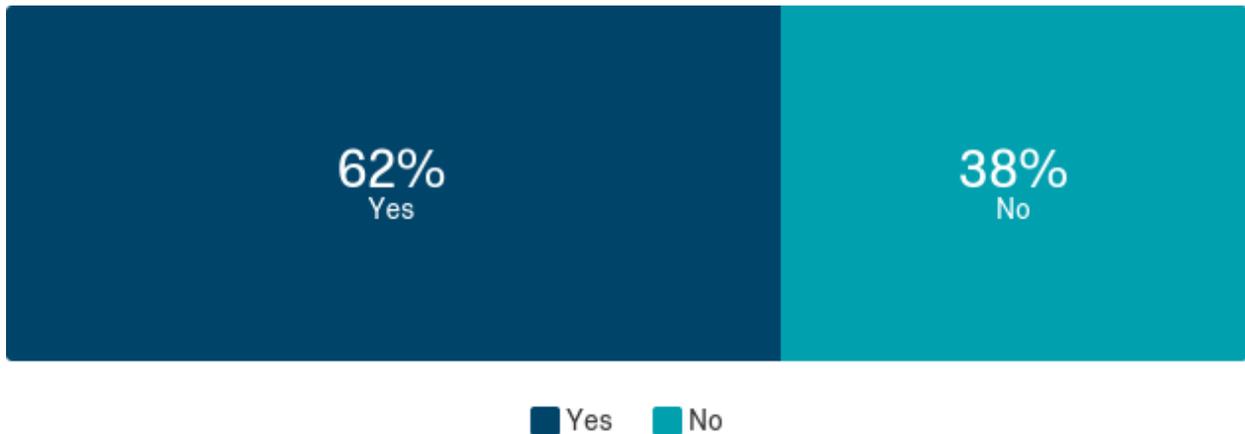
Question: Do you ask patients about CAM treatments they may be using as part of your patient assessment? (n = 215)



- Many physicians indicated that they ask about all medications (prescription and over-the-counter), supplements, and treatments a patient may be using.
- Some physicians directly reference CAM during the assessment while others do not.
- Some respondents were of the view that physicians should act as a resource to patients in order to determine the safety, risks, and/or effectiveness of CAM treatments.
- The majority of physicians felt that the degree to which patients volunteer information regarding their CAM use depends on the physician's perception of CAM:
  - Patients are more likely to volunteer this information if their physician is non-judgmental and/or open to conversations about CAM.
  - If their physician is critical of CAM, patients are more reluctant to volunteer this information for fear of being ridiculed or ignored.

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Question: In your experience, are patients open with physicians about their use of CAM? (n = 215)



Physicians highlighted two key factors which determine a patient's openness to discussing CAM:

1) The physician-patient relationship

- The more comfortable, more trusting, and longer the physician-patient relationship is, the more open a patient is likely to be regarding CAM use.
- Patients are more likely to disclose CAM use with physicians who approach the topic in an open-minded and non-judgmental manner.

2) Physician perception of CAM

- Many patients do not disclose due to their physician's perceived negative attitude regarding CAM.
- Physicians have been described as biased, overly critical, condescending, and paternalistic while discussing CAM treatments with patients.
- In these instances, patients have reported not sharing CAM use due to a fear of repercussions, including:
  - Feeling embarrassed; being ridiculed, ignored, or rejected; and/or withdrawal of care or threatened with dismissal from practises.

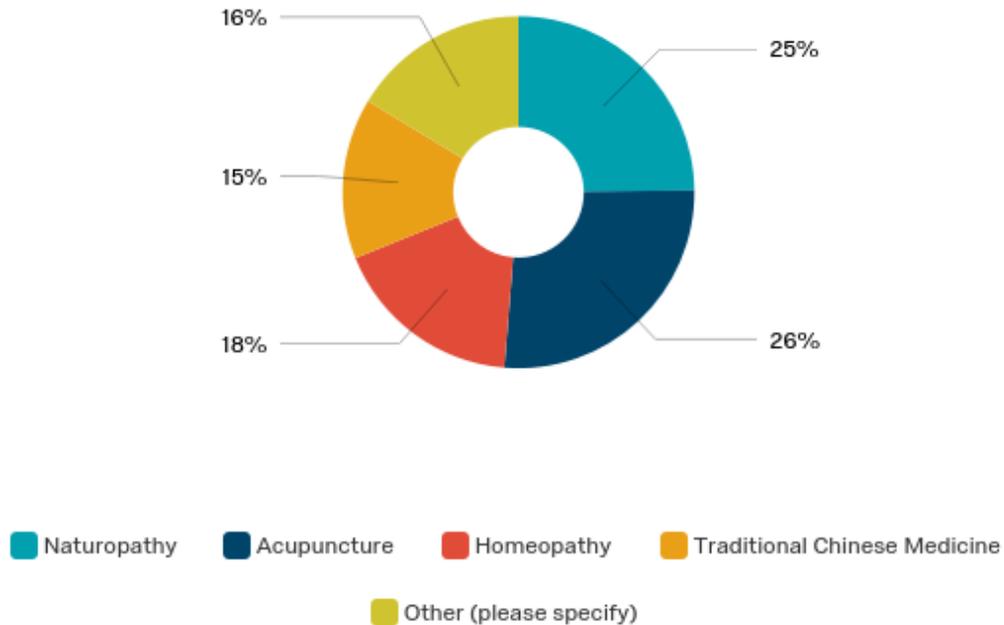
*The following question was posed to all respondents:*

Question: Have you received CAM treatments in the past? (n = 822)



***The following questions were posed to the subset of respondents who indicated that they have received CAM:***

**Question: Which CAM treatment(s) have you received? (Select all that apply) (n = 633)**

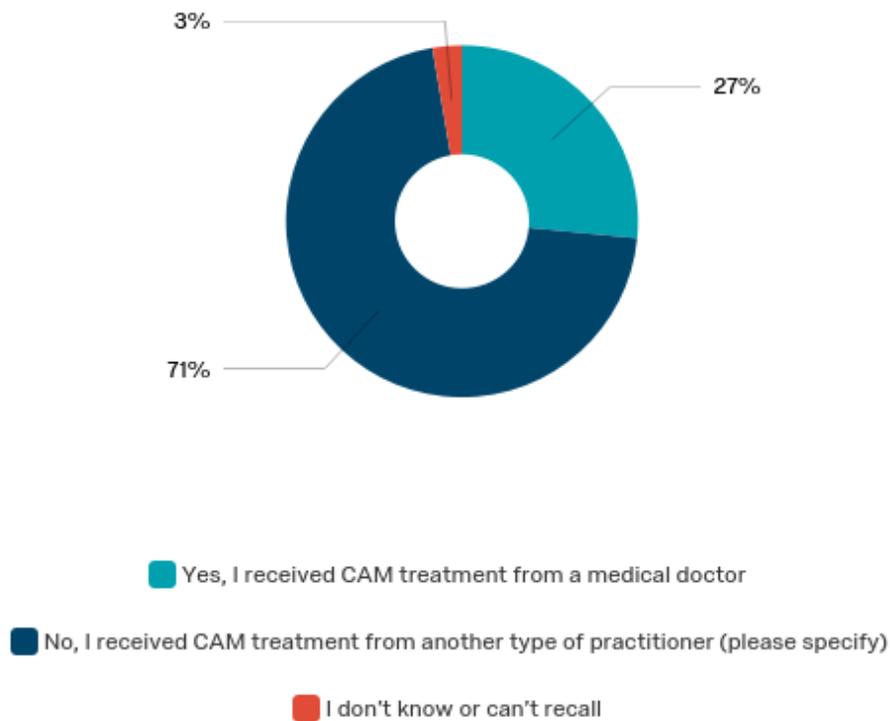


A wide range of additional CAM treatments were reported in the open-ended “Other” category (16%). The most reported included:

- Manual therapies (e.g. massage therapy, chiropractic, osteopathy, and physiotherapy);
- Vitamin and herbal supplements and treatments;
- Nutritional and dietary consultation/counselling/guidance;
- Hormone therapies;
- Intravenous therapies (IV); and
- Mind-body medicine techniques (e.g. mindfulness; meditation).

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Question: Did you receive CAM treatment(s) from a medical doctor (for example, your family physician)? (n = 629)

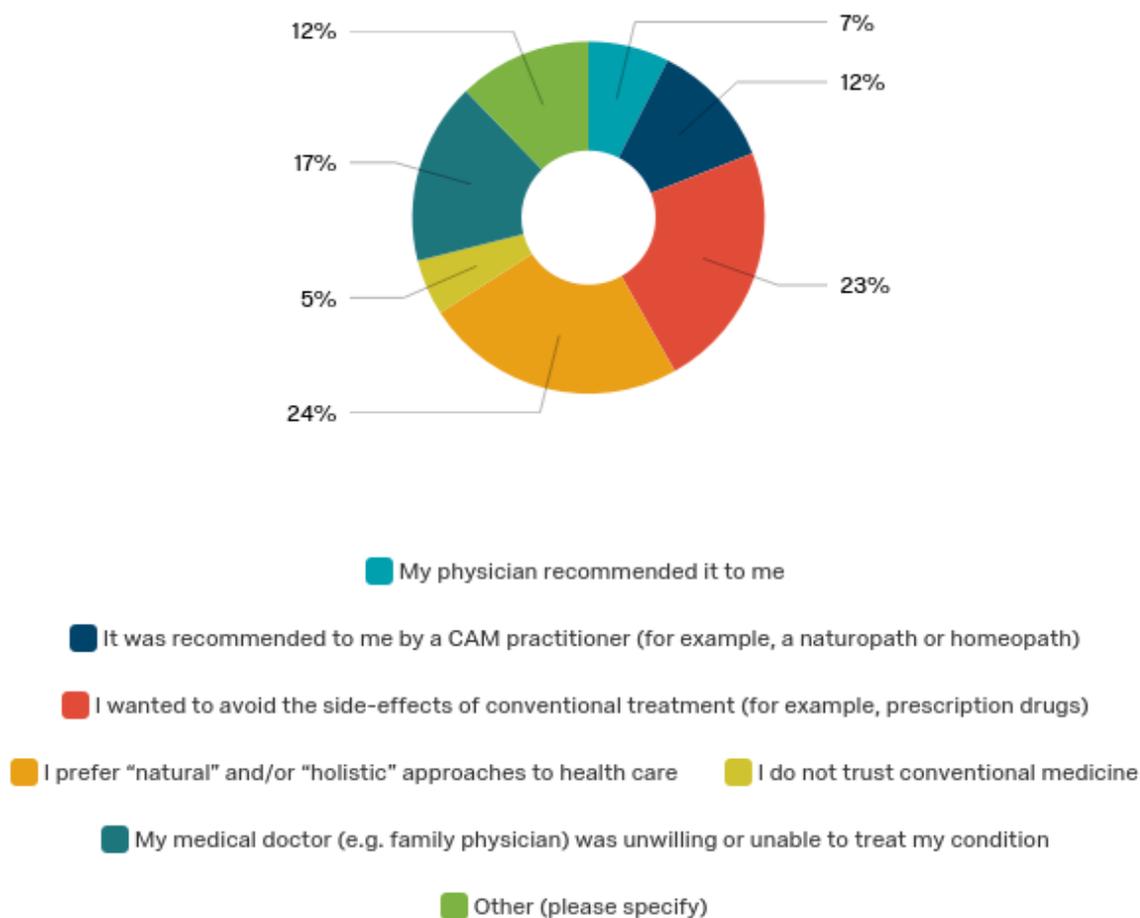


Of these respondents who received CAM treatment from another type of practitioner, the most reported practitioners included:

- Naturopath
- Osteopath
- Physiotherapist
- Chiropractor
- Nutritionist
- Massage Therapist
- Acupuncturist
- Homeopath
- Traditional Chinese Medicine Practitioner

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Question: Which factors contributed to your decision to choose CAM instead of conventional medical treatment? (Select all that apply) (n = 613)



- Many respondents indicated they used CAM “in addition to” or “in conjunction with” conventional medicine – not “instead of.”
- Many highlighted their preference for prevention-based and proactive approaches to healthcare and believed:
  - CAM modalities are “holistic,” considering the body and person as a whole.
  - CAM modalities are seen to be more interested in treating the root cause of an issue rather than masking symptoms, and are viewed as better suited to treating chronic conditions.
- Several respondents indicated they prefer non-invasive treatment options and pursue these modalities first, usually through CAM.
- Respondents reported having better overall experiences with CAM practitioners, which they described as:
  - Compassionate, investigative, and treating patients “like human being[s].”
  - More accessible and offered increased time spent talking and listening to patients.

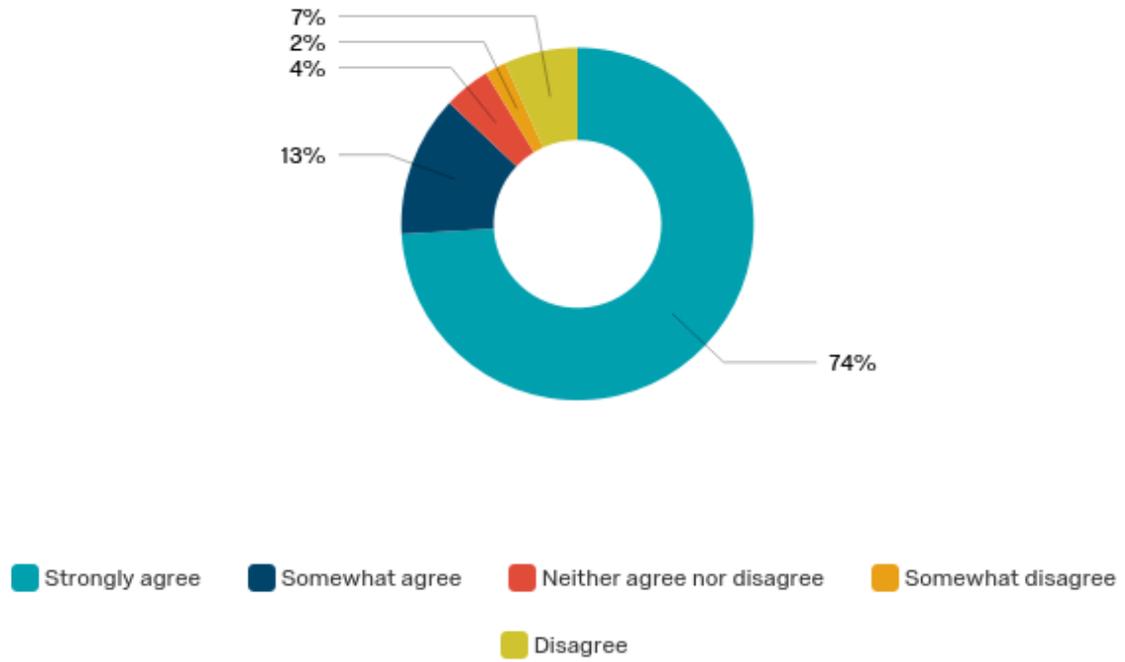
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**Question: Please feel free to elaborate on your answer above or touch on other issues related to your decision to use CAM.**

- Many respondents felt that conventional physicians do not look at the patient as a whole, indicating:
  - Physicians tend to treat symptoms and not the root cause or underlying condition.
  - A “one size fits all” approach does not work for every patient, whereas CAM may be seen to offer more individualised treatment.
  - Physicians are often perceived as too busy or lacking the appropriate knowledge to explore wellness and lifestyle approaches.
- Some physicians and other health care providers called for increased collaboration and communication between conventional physicians and CAM practitioners/physicians.
  - These respondents felt conventional medicine and CAM can be complementary in primary care and more integration between the two is needed.
- Many respondents felt a comprehensive and integrative approach to medicine can address gaps missing in our current healthcare system to increase overall patient care:
  - Focusing on preventative-based treatment reduces the use of healthcare resources and costs, while easier access to CAM practitioners reduces wait times for conventional physicians.

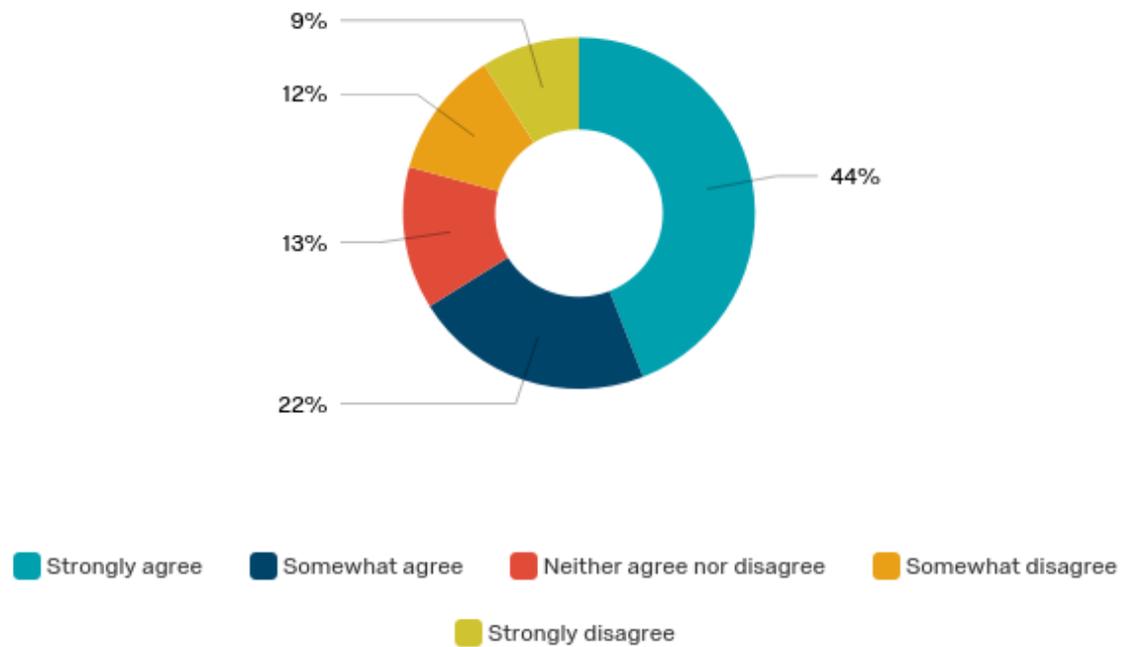
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**Question: I was satisfied with the outcome of the CAM treatment that I received. (n = 610)**



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Question: I am or would be comfortable discussing CAM with my medical doctor (for example, your family physician). (n = 785)



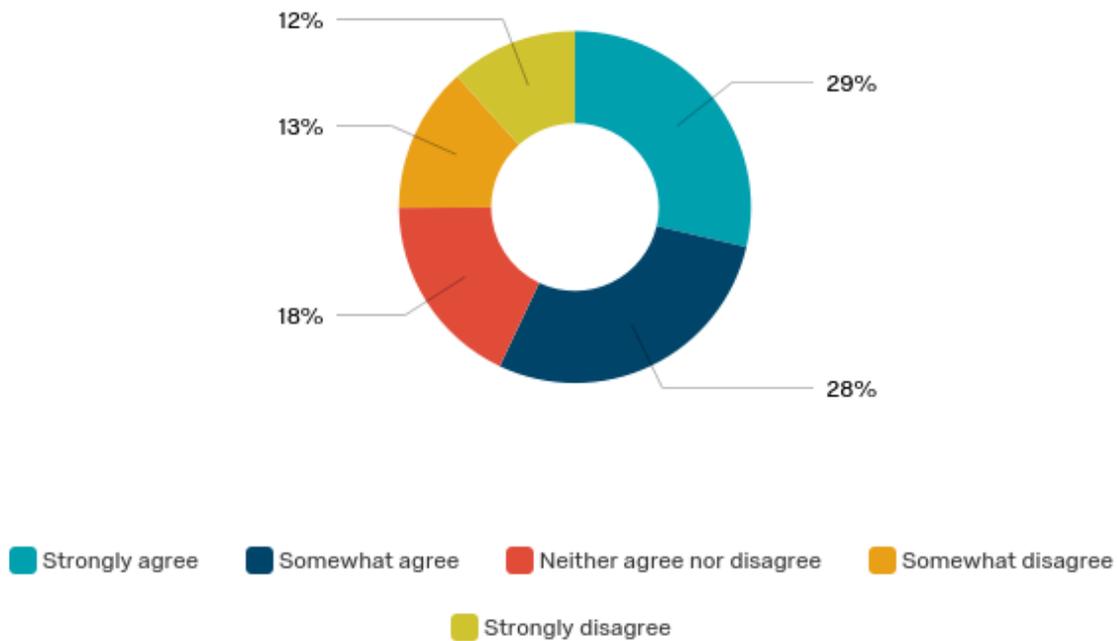
The majority of respondents indicated their comfort level was dependent on their physician's perceived perception of CAM:

- Many respondents felt most physicians were uninterested or unwilling to discuss CAM due to a lack of familiarity, knowledge, or training on the topic. Some reported their physicians are supportive but lack the appropriate knowledge to advise on these treatments.
- Many perceived physicians as skeptical, resistant, or non-receptive to CAM discussions. Some respondents reported feeling discouraged, dismissed, or judged after approaching the topic or disclosing CAM use.
- Respondents reported feeling more comfortable discussing CAM with physicians who are more open-minded or familiar with CAM, especially integrative medicine physicians. Many indicated they have sought out these physicians for this reason.

***The following questions were posed to all respondents:***

**Question: The College’s current *Complementary / Alternative Medicine* policy seeks to respect the right of both patients and physicians to utilize complementary and alternative treatment options, while also setting appropriate boundaries to ensure that the care provided to patients is safe, effective, and in keeping with physicians’ legal and ethical responsibilities.**

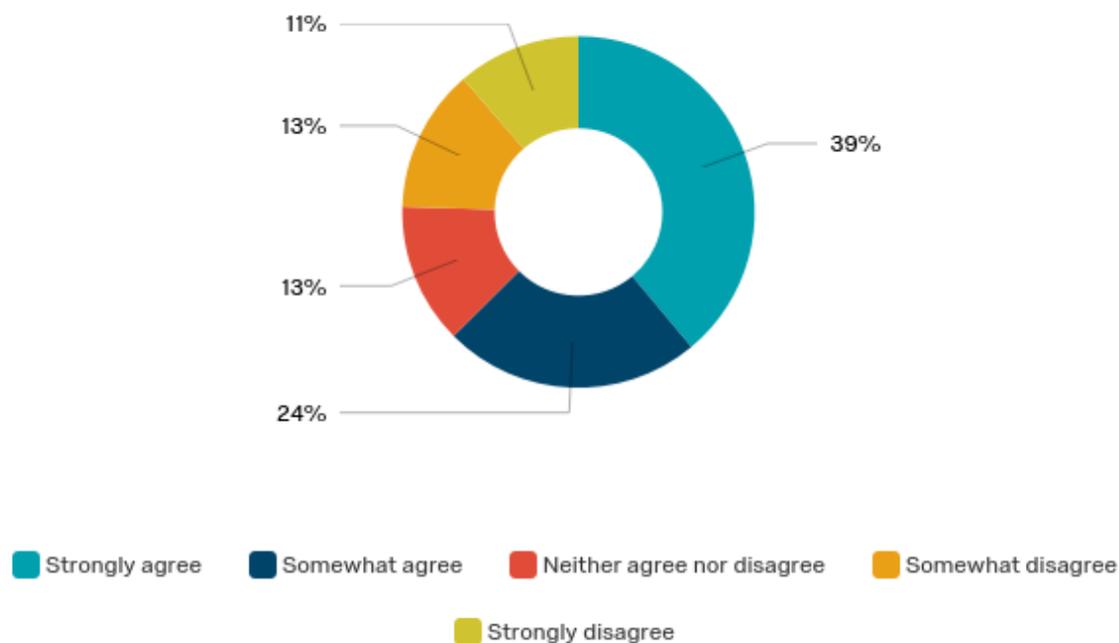
**Please indicate whether you agree or disagree that the policy strikes an appropriate balance between these two principles. (n = 754)**



- Many respondents questioned what or who determines “safe” or “effective” care:
  - Definitions for “safe,” “effective,” “ethical,” “utilise,” and “boundaries” should be added as their current usage is unclear and open to subjective interpretation.
- Many thought ongoing training and education in CAM modalities is needed for physicians:
  - Physicians should require appropriate knowledge and/or training regarding a particular CAM treatment before they can advise on or utilise the treatment.
- The majority of physician responses highlighted the need to emphasise evidence and science, though there were a variety of perspectives regarding CAM usage, including:
  - Too many conventional physicians actively discourage CAM discussions and usage.
  - Physician and patient rights are reasonably well-represented in the current policy.
  - Physicians should not support, condone, or offer CAM in any circumstance and the permissiveness of the current policy is dangerous to patient safety.
- The perception of College regulation and enforcement varied among physicians as well:
  - Some physicians felt CAM physicians were unfairly targeted and penalised by the College, while other physicians called for stricter enforcement of CAM practitioners.

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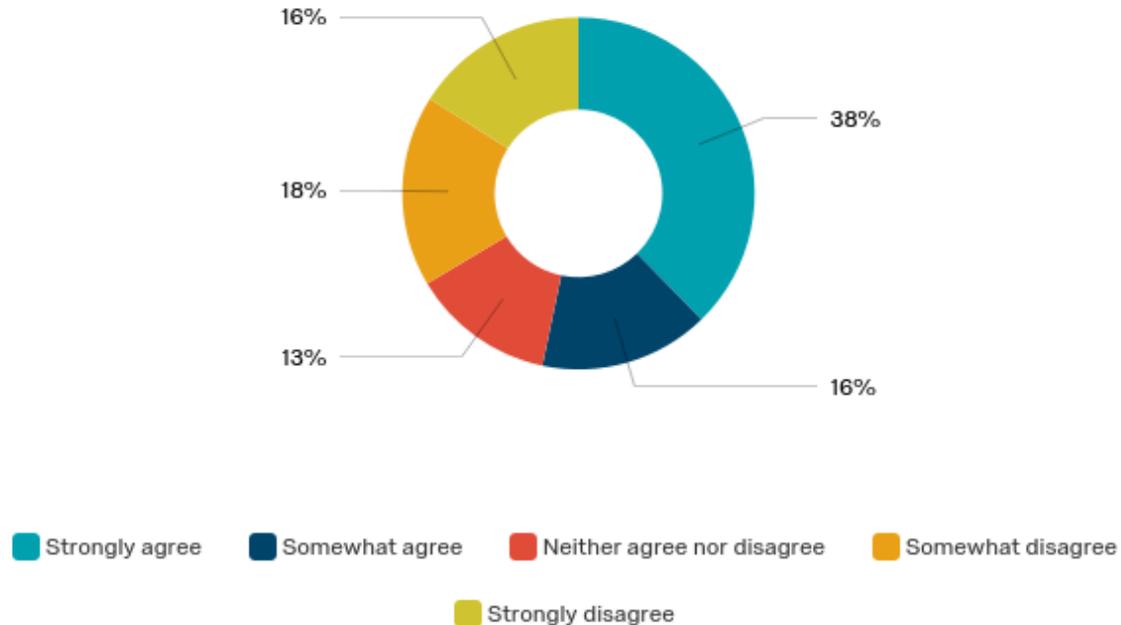
**Question: The policy requires that any CAM therapeutic option that is recommended by physicians must be informed by evidence and science. Please indicate the extent to which you agree or disagree with this requirement. (n = 750)**



- Many respondents advised defining “evidence” and “science.”
- Respondents also questioned the validity of the evidence itself and expressed a belief that:
  - Funding inequities between pharmaceutical research and CAM research results in increased evidence for conventional treatment.
  - Science is evolving: although evidence for a particular treatment may not exist now, that does not mean that it could not occur in the future. Conversely, various treatments initially backed by science were later proven wrong or ineffective.
  - Several respondents noted some conventional treatments have not been informed by strong evidence or appropriate studies (e.g. off-label prescribing).
- Some proponents of CAM suggested that some CAM modalities (particularly holistic approaches) are difficult or impossible to evaluate using traditional research methodologies (e.g. double-blind or placebo controlled trials).
- Several physicians agreed with the sentiment, but did not believe this is what occurs in reality: they argue that many conventional treatments are not informed by evidence and science but are still permitted.

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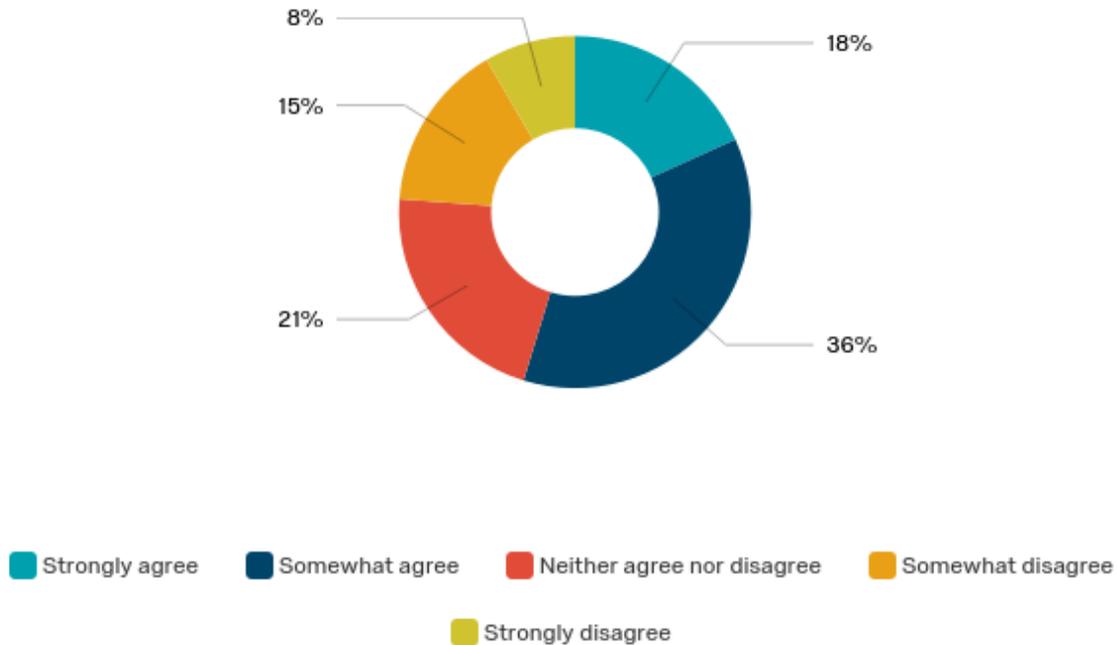
**Question: The current policy requires that physicians not recommend therapeutic options that have been proven to be ineffective through scientific study. Please indicate the extent to which you agree or disagree with this requirement. (n = 745)**



- Many respondents had concerns regarding the term “scientific study,” including:
  - The policy needs to clearly define the criteria under which studies are considered, outlining what level of evidence is sufficient, and how this evidence is evaluated.
  - Publication biases and flaws are inherent in scientific studies, and financial backing/incentives by the pharmaceutical industry should be acknowledged.
  - In some cases research has not yet been undertaken or there are not enough studies to determine effectiveness.
- Several highlighted this principle only works in practice when physicians are appropriately up-to-date on CAM research and modalities, but some felt this was an unreasonable requirement for physicians.
  - Several respondents felt there should be more support for physician CAM training, particularly during medical school.
- Many felt that patient choice should play a role in treatment options and indicated:
  - Scientific studies do not necessarily account for the individualised nature of CAM treatments: what works for one patient may not work for all, and patients should be able to choose treatment options that best suit their needs.
  - Respect patient wishes as long as the treatment has not demonstrated harm: flexibility should be permitted, but physicians have a duty to ensure patient safety.
- Many felt the current policy is not being followed in practice: while physicians are required to not recommend treatments proven ineffective, it is their view that this principle is not enforced in practice.

**The following questions were posed to the subset of respondents who indicated that they had read the current Complementary / Alternative Medicine policy.**

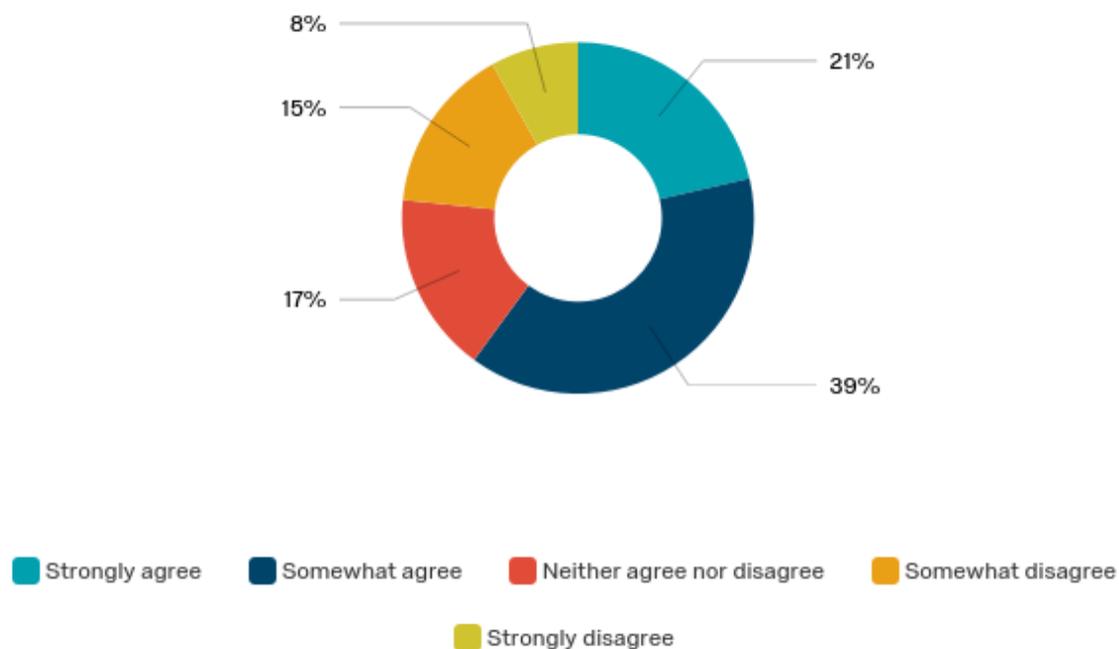
**Question: We'd like to understand whether the policy is comprehensive. That is, it addresses all of the relevant or important issues related to CAM, and includes definitions of all essential terms. Please indicate the extent to which you agree or disagree that the policy is comprehensive. (n = 466)**



- Many respondents suggested including a list of acceptable or non-acceptable CAM modalities:
  - List examples with their associated efficacy; detail those with demonstrated harm; or list treatments that lack scientific study in a separate appendix.
- Respondents felt inter-professional communication, collaboration, and knowledge-sharing is needed among all health care professionals, especially between conventional physicians and CAM practitioners.
- Several respondents commented on the format and style of the current policy: the excessive “legalese” should be reduced and the new policy should be shorter, simpler, and clearer.
- Several respondents had concerns around College regulation and enforcement of prohibiting treatments proven ineffective through scientific study:
  - Some felt stronger regulation and enforcement is needed for those not following the policy.

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**Question: We'd like to understand whether the policy sets reasonable expectations for physicians. Please indicate whether you agree or disagree that the policy sets reasonable expectations for physicians. (n = 458)**



- Members of the public, other health care professionals, and physicians alike felt better communication and collaboration between conventional physicians and CAM practitioners is needed.
- Many indicated physicians need to be more open-minded, non-judgmental, and less dismissive during conversations surrounding CAM.
- Several respondents questioned how feasible it is for physicians to have up-to-date knowledge or training on all available CAM modalities and treatments.
- Physician responses varied:
  - Some believed the current policy is too permissive and overly supportive of CAM.
  - Some perceived the expectations to be greater for CAM physicians than required for conventional physicians.
  - If a CAM physician is being assessed by the College, the peer assessor should have appropriate knowledge surrounding CAM.

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**Question: If you have any additional comments that you have not yet provided, please provide them below, by email or through our online discussion forum.**

- Overall, respondents were split regarding CAM use in general:
  - Some felt that the policy was promoting or encouraging CAM, and was therefore promoting anti-science.
  - Others felt that the College was harassing CAM physicians and restricting patient choice.
- Many respondents highlighted the need for increased knowledge surrounding CAM for both physicians and the general public, and indicated:
  - Physicians need to stay up-to-date on CAM modalities and research.
  - If a particular CAM modality is outside a physician's scope of practice, they should collaborate with or refer to the appropriate CAM practitioner.
  - Knowledge and collaboration helps improve our over-burdened healthcare system and increases overall patient care.
- Several respondents indicated that the policy needs to address issues of informed consent to CAM within the context of minors or the disabled.