
Introduction: *Complementary and Alternative Medicine*

The College of Physicians and Surgeons of Ontario (CPSO) is currently seeking feedback on its revised [Complementary and Alternative Medicine](#) policy, which sets out expectations for physicians who practise complementary or alternative medicine, or who wish to form professional affiliations with complementary or alternative medicine clinics, therapies, or devices.

- Conducting conventional assessments and communicating conventional diagnoses and treatment options,
- Providing treatment within a physician's conventional scope of practice,
- Assessing risks and benefits prior to provide complementary or alternative medicine,
- Preventing exploitation of patients,
- Documentation requirements, and
- Conflicts of interest and professional affiliations.

We are inviting feedback at this stage to help inform future revisions to the draft policy.

The following survey will ask you a few questions about issues related to complementary and alternative medicine. It will take approximately **10—15 minutes** to complete. You will be able to pause during the survey and restart at a later time if you wish.

If you would like to review the survey in advance, you can download a copy [here](#).

All survey responses will be reviewed, and a summary of the results will be posted online following the close of the consultation. The identity of all respondents will be kept strictly confidential.

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Do you live in:

- Ontario
 - Rest of Canada
 - Outside of Canada
 - Prefer not to say
-

Are you a:

- Physician (including retired)
 - Medical student
 - Member of the public
 - Other health care professional (including retired)
 - Organization
 - Prefer not to say
-

Please tell us which organization you are responding on behalf of:

What is your gender?

- Male
 - Female
 - Transgender
 - Non-binary
 - Not listed:
 - Prefer not to answer
-

Which of the following best represents your race/ethnic background?

- Black (African, Afro-Caribbean, African-Canadian)
 - East Asian (Chinese, Korean, etc.)
 - Latin American/Hispanic
 - Middle Eastern (Arab, Persian, etc.)
 - South Asian (East Indian, Pakistani, etc.)
 - Southeast Asian (Filipino, Thai, etc.)
 - White (European descent)
 - Mixed
 - Not listed:
 - Prefer not to answer
-

Indigenous Peoples are those who identify as members of First Nations (status, non-status, treaty or non-treaty), Inuit, or Métis communities in Canada.

Based on this description, do you self-identify as an Indigenous person?

- Yes
 - No
 - I prefer not to answer
-

LGBTQ2S+ is an abbreviation which represents a broad array of identities including, but not limited to, lesbian, gay, bisexual, transgender, queer, and two-spirit.

Based on this description, do you consider yourself to be LGBTQ2S+?

- Yes
 - No
 - I prefer not to answer
-

The term disability covers a broad range and degree of conditions, some of which are visible and some invisible. A disability may have been present at birth, caused by an

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accident or developed overtime. Disabilities may also be permanent, temporary or episodic.

Based on this description, do you identify as person with a disability?

- Yes
 - No
 - I prefer not to answer
-
-

The draft policy has updated the definition of “complementary and alternative medicine” to include both:

- conventional treatments, practices, and products being used in non-conventional ways (for example, the contraceptive pill being used to treat acne was once considered using a conventional product in a non-conventional way), and new treatments, practices, and
- products that are based on conventional medical understanding and scientific reasoning (for example platelet rich plasma injections, which involve collecting a patient’s blood, concentrating the platelets, and reinjecting them for therapeutic purposes).

These are being captured in the definition because:

- they are similar to what is traditionally thought of as complementary and alternative medicine in that they may have similar risks to patients and may also lack strong evidence of effectiveness, and
- CPSO has historically used the *Complementary/Alternative Medicine* policy to help physicians using treatments in these ways to understand their obligations.

Please indicate the extent to which you agree or disagree that these types of treatments, practices, and products are similar to complementary and alternative medicine, in their potential risks to patients:

- Strongly agree

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- Somewhat agree
 - Neither agree nor disagree
 - Somewhat disagree
 - Strongly disagree
-

Please feel free to elaborate on your answer. Do you see these treatments, practices or products as different to complementary and alternative medicine and, if so, in what ways? (Optional)

To reinforce the need for physicians to retain a connection to conventional medicine even when providing complementary or alternative medicine, the draft policy explicitly requires:

- physicians to undertake a conventional medical assessment first and communicate any conventional diagnoses and treatment options to a patient, before offering complementary or alternative medicine; and
- that physicians only provide complementary or alternative treatments for symptoms, complaints, or conditions that they would be able to treat within their conventional scope of practice (for example, a physician practising orthopedics may use complementary or alternative treatments that could assist with musculoskeletal injuries but would not be able to provide complementary or alternative treatments relating to, for example, pancreatic cancer).

Please indicate the extent to which you agree or disagree with the following statements:

Physicians providing complementary and alternative medicine:

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	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
must retain a connection to conventional medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
must undertake a conventional assessment and communicate conventional treatment options to patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
must only provide treatments for symptoms, complaints, or conditions they would be able to treat within their conventional scope of practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The current policy requires that any complementary or alternative therapeutic option recommended by a physician must be *informed* by evidence and science.

The new draft policy strengthens this to require that any complementary or alternative treatment provided must be *supported* by evidence and scientific reasoning regarding the efficacy of the treatment. The draft policy does acknowledge that the level of evidence required will vary depending on the circumstances, and in particular, the potential risks to the patient.

Please indicate the extent to which you agree or disagree that any complementary or alternative treatment provided by a physician must be supported by evidence and scientific reasoning:

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Please feel free to elaborate on your answer or touch on other issues related to evidence in support of complementary or alternative medical treatments. (Optional)

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The draft policy requires physicians to only provide complementary or alternative medicine to patients where the benefits outweigh the risks and requires them to weigh a number of factors to determine this. These factors include:

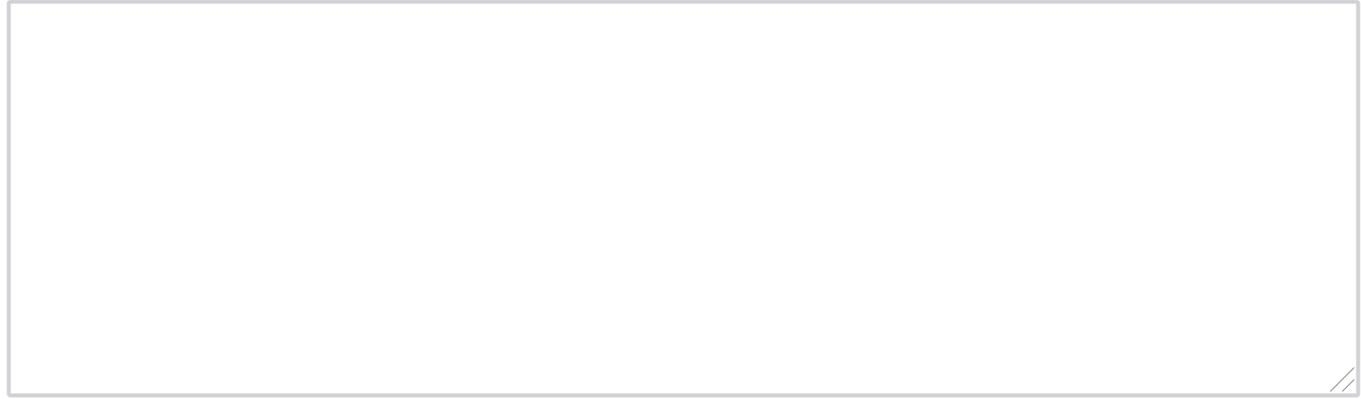
- The health status and needs of the patient;
- The strength of evidence and scientific reasoning regarding the efficacy of the complementary or alternative treatment for the patient’s symptoms, complaints, or condition; and
- The potential for harm to the patient due to factors including:
 - the nature of the proposed complementary or alternative treatment itself,
 - the potential interaction between the proposed option and any other treatments the patient is undergoing, the conventional options available to treat that patient and their respective efficacy, and
 - whether the treatment will be provided alongside conventional treatment or as an alternative to it.

Please indicate the extent to which you agree or disagree that these factors in the draft policy are the right ones:

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Please feel free to elaborate on your answer above. Are there any factors you disagree with? Are there any factors that should be added? (Optional)

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Obtaining informed consent prior to providing any treatment is a critical element of responsible medical care. While legislation and CPSO's [Consent to Treatment](#) policy lay out requirements for physicians in obtaining informed consent, the draft policy contains some additional requirements for physicians who are providing complementary or alternative medicine.

The draft policy requires physicians to communicate the following as part of obtaining informed consent:

- the extent to which the complementary or alternative diagnosis reached (if applicable) is supported by the conventional medical community;
- the rationale for recommending the treatment;
- any benefit, financial or otherwise, that the physician will receive for providing the treatment;
- an accurate representation of the strength of evidence (e.g., quality and quantity) and scientific reasoning that supports the decision to offer the treatment;
- reasonable expectations for the efficacy of the treatment; and
- a clear and impartial description of how the treatment compares to:
 - any conventional treatment that could be offered to treat the patient (including a comparison of risks, side effects, expectations for therapeutic efficacy, cost to the patient, and any other relevant considerations); and
 - the option of receiving no treatment.

Please indicate the extent to which you agree or disagree that the communication of the information above is necessary for consent to complementary or alternative treatment to be informed:

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- Strongly agree
 - Somewhat agree
 - Neither agree nor disagree
 - Somewhat disagree
 - Strongly disagree
-

Please feel free to elaborate on your answer above. Are there any requirements above you disagree with? Is there any other information you think it would be important for patients to know regarding complementary or alternative treatment they may be considering? (Optional)

Physicians are required to document elements of patient care to ensure that a comprehensive record is available regarding a person's health care history. The draft policy includes additional documentation requirements for physicians when providing complementary or alternative medicine. Specifically, it requires that a physician document:

- that they have informed the patient of the information the draft policy requires for obtaining informed consent, and
- the risk benefit analysis they undertook to determine if the complementary or alternative treatment was appropriate to provide to the patient.

The draft policy takes the position that where physicians are providing care that departs from conventional medicine it will be beneficial for both the patient and the physician to have a more comprehensive record of what was considered, discussed and agreed to.

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Please indicate the extent to which you agree or disagree that additional documentation requirements are required when physicians are providing complementary or alternative medicine:

- Strongly agree
 - Somewhat agree
 - Neither agree nor disagree
 - Somewhat disagree
 - Strongly disagree
-

Please feel free to elaborate on your answer above. Are there any requirements above you disagree with? Are there any additional things physicians should be required to document? (Optional)

In order to answer the next few questions, it is necessary for you to have read the draft policy.

If you have not read the draft policy, you will be skipped to the end of the survey; however, the answers you have provided to all previous questions will still be submitted.

If you would like, you may take a moment to read the draft policy by clicking [here](#).

Have you read the draft [Complementary and Alternative Medicine](#) policy?

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Yes

No

The draft policy aims to strike the right balance between protecting patients and ensuring they are not being offered ineffective and potentially harmful treatments, and allowing for appropriate patient autonomy and innovation in medicine.

Please indicate the extent to which you agree or disagree that the draft policy strikes the right balance:

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Please feel free to elaborate on your answer above. (Optional)

We'd like to understand whether the draft policy is clear.

Please indicate the extent to which you agree or disagree with each of the following statements regarding the clarity of the draft policy:

Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
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	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
It is clear what activities the draft policy applies to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The draft policy is easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The draft policy is clearly written.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How can we improve the draft policy's clarity? Please feel free to elaborate on your answers above or touch on other issues relating to clarity (Optional)

We'd like to understand whether the draft policy is comprehensive. That is, it addresses all the relevant or important issues related to complementary and alternative medicine and includes definitions of all essential terms.

Please indicate the extent to which you agree or disagree that the draft policy is comprehensive:

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

How can the draft policy be made more comprehensive? Please feel free to elaborate on your answer above or touch on other issues relating to the draft policy's comprehensiveness (Optional).

If you have any additional comments that you have not yet provided, please provide them below, by [email](#), or through our [online discussion forum](#).

Thank You!

Those are all the questions we have for you today.

Once a final policy has been approved by CPSO Council, the policy will be posted on the CPSO website.

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Please see our [consultation webpage](#) for more information on CPSO's policy review and consultation process.

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