Complementary and Alternative Medicine

Policies of the College of Physicians and Surgeons of Ontario (the "College") set out expectations for the professional conduct of physicians practising in Ontario. Together with the *Practice Guide* and relevant legislation and case law, they will be used by the College and its Committees when considering physician practice or conduct.

Within policies, the terms 'must' and 'advised' are used to articulate the College's expectations. When 'advised' is used, it indicates that physicians can use reasonable discretion when applying this expectation to practice.

Definitions[1]

Complementary and Alternative Medicine: refers to a diverse range of therapeutic concepts, diagnoses, treatments, practices, and products that are not generally considered a part of conventional medicine. For the purposes of this policy, it also includes:

- conventional treatments, practices, and products being used in non-conventional ways, and
- new treatments, practices, and products that are based on conventional medical understanding and scientific reasoning[2].

While some complementary or alternative medicine interventions may be supported by preliminary evidence or scientific reasoning and pose little risk of harm, others may present a serious risk of harm and/or exploitation, in light of the nature of the treatment and lack of evidence and/or scientific reasoning to support its use.

"Integrative medicine" is also a commonly used term within the complementary and alternative medicine environment, referring to an approach to patient care that integrates conventional and complementary medicine.

Professional affiliation: For the purposes of this policy a professional affiliation is where a physician associates themselves with a clinic, treatment, product, or device. For example, where a physician invests in or owns a clinic, sells a product in their practice, or speaks publicly in support of a treatment or device.

[1] The following definitions provide only a partial description of each term. Please see the College's *Advice to the Profession: Complementary and Alternative Medicine* document for additional information and clarification.

[2] This policy applies to new medical treatments, including devices, that are not otherwise subject to regulation by other bodies such as Health Canada. Health Canada requires that some treatments or therapies be registered with them as part of a clinical trial. For example, currently stem cell therapies must be authorized by Health Canada to ensure that they are safe and effective before they can be offered to patients. For more information please see Health Canada's website.

Treatment: For the purposes of this policy, treatment means anything that is done for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose. This includes the use of products and devices for medical purposes.

Policy

1. As in all other areas of clinical practice, physicians who provide complementary or alternative medicine **must** practise:

    a) in their patient's best interests;
    b) in a manner that is in keeping with their professional, ethical, and legal obligations;
    c) in a manner that is supported by evidence and scientific reasoning[3]; and
    d) within their conventional scope of practice and the limits of their knowledge, skill, and judgment[4].

2. Physicians **must** comply with the expectations of this policy whenever providing complementary or alternative medicine, regardless of whether they are doing so:

    a) in addition to a conventional treatment,
    b) as an alternative to a conventional treatment, or
    c) in the absence of an available conventional treatment.

3. Physicians **must** practice in a manner that is respectful of patient's treatment decisions and their ability to set health care goals in accordance with their own wishes, values and beliefs. This includes the decision to pursue or refuse treatment, whether that treatment is conventional, complementary or alternative.

Before Providing Complementary or Alternative Medicine

Conducting an Assessment

4. Physicians **must** conduct a conventional clinical assessment in accordance with the standard of practice, including:

    a) conducting a comprehensive patient history;
    b) obtaining information regarding any relevant treatments the patient may already be receiving;

[3] For more information on use of evidence, please see the *Advice to the Profession* document.

[4] In compliance with Sections 2(1)(c), 2(5), O.Reg. 865/93, Registration, enacted under the Medicine Act, 1991, S.O. 1991, c.30, the College's *Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice* policy, and the Practice Guide.

c) considering, performing, or ordering any necessary medical or laboratory examinations or investigations to understand the patient's symptoms, complaints, or condition, or to reach a diagnosis;
d) evaluating and considering the results of any conventional examinations or tests already undertaken by other health professionals; and
e) taking any other reasonable steps that may be necessary to obtain relevant and comprehensive information about the patient's symptoms, complaints, or condition.

Reaching and Communicating a Diagnosis

5. Prior to offering complementary or alternative medicine, physicians **must** make a conventional diagnosis or differential diagnosis[5] on the basis of the conventional assessment, communicate it to the patient, and inform the patient of any conventional treatment options that are available to treat their symptoms, complaints or condition.

6. Physicians **must** only offer an additional diagnosis that is not generally accepted as part of conventional medicine, what is sometimes referred to as a 'complementary or alternative diagnosis', where:

    a) the diagnosis is informed by the conventional assessment and conventional diagnosis or differential diagnosis;
    b) any additional assessments conducted to reach the complementary or alternative diagnosis are supported by evidence and scientific reasoning; and
    c) the complementary or alternative diagnosis itself is supported by evidence and scientific reasoning.

Providing Complementary or Alternative Medicine

7. Physicians **must not** provide complementary or alternative treatments that have been proven ineffective.

8. Physicians **must** only provide complementary or alternative treatments:

    a) to diagnose or treat symptoms, complaints or conditions that are within their scope of practice to treat using conventional medicine, including only using modalities of treatment that are within their conventional scope of practice;
    b) that they have the knowledge, skill, and judgment to provide;
    c) that are supported by sound clinical judgment; and

[5] This could include determining that there is no conventional diagnosis that can be made or that the patient is "not yet diagnosed".

d) that are supported by evidence and scientific reasoning regarding the efficacy of the treatment, where the degree of support required from evidence and scientific reasoning will depend on the particular circumstances, including the potential risks to the patient.

9. In addition to the requirements in provision 8, physicians **must** only provide a complementary or alternative treatment to a patient where there is a reasonable expectation that it will remedy or alleviate the patients symptoms, complaints, or condition and where the benefits outweigh the risks taking into account:

a) The health status and needs of the patient;
b) The strength of evidence and scientific reasoning regarding the efficacy of the complementary or alternative treatment for the patient's symptoms, complaints, or condition[6]; and
c) The potential for harm to the patient due to factors including:
    i. the nature of the proposed complementary or alternative treatment itself,
    ii. the potential interaction between the proposed option and any other treatments the patient is undergoing,
    iii. the conventional options available to treat that patient and their respective efficacy, and
    iv. whether the treatment will be provided alongside conventional treatment or as an alternative to it.

Preventing Exploitation of Patients

10. As with all other areas of clinical practice, physicians **must not** exploit patients when providing complementary or alternative medicine.

11. Physicians **must** be aware of, consider, and take reasonable steps to address the patient's potential vulnerability[7]. A patient's potential vulnerability will depend on a number of factors including:
    - any potential financial hardship the patient may be experiencing;
    - the probability of the treatment producing a meaningful benefit; and
    - the patient's individual circumstances (for example, the patient suffers from a serious, life-threatening, or terminal illness).

Obtaining Informed Consent

12. Physicians **must** obtain informed consent as required by applicable legislation[8], the College's *Consent to Treatment* policy, and as set out in this policy.

[6] For more information on appropriate evidence please see the *Advice to the Profession* document.
[7] For more information see the *Advice to the Profession* document.
[8] Applicable legislation includes the *Health Care Consent Act, 1996* (HCCA).

13. As part of obtaining informed consent physicians **must** communicate the following information to the patient or their substitute decision-maker before providing complementary or alternative medicine:

    a) the extent to which the complementary or alternative diagnosis reached (if applicable) is supported by the conventional medical community;
    b) the rationale for recommending the treatment;
    c) any benefit, financial or otherwise, that the physician will receive for providing the treatment[9];
    d) an accurate representation of the strength of evidence (e.g., quality and quantity) and scientific reasoning that supports the decision to offer the treatment;
    e) reasonable expectations for the efficacy of the treatment; and
    f) a clear and impartial description of how the treatment compares to:
        i. 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
        ii. the option of receiving no treatment.

Documentation

14. Physicians providing complementary or alternative treatment **must** comply with the College's *Medical Records Documentation* policy which, among other expectations, includes the expectation that the medical record contain documentation that supports the treatment or procedure provided (i.e., the rationale for the treatment or procedure is evident in the record).

    a) In fulfilling this requirement, physicians **must** specifically document the risk benefit analysis undertaken to determine the appropriateness of providing the complementary or alternative treatment to the patient.

15. Physicians providing complementary or alternative treatment **must** document that consent to the treatment was obtained and that information was communicated to the patient in accordance with Provision 13 of this policy.

[9] Physicians are expected to comply with the O. Reg. 114/94: GENERAL under Medicine Act, 1991, S.O. 1991, c. 30 (the Conflicts of Interest Regulation) which states that it is a conflict of interest for a member where they or a member of their family, or a corporation wholly, substantially, or actually owned or controlled by them or their family… sells or otherwise supplies any drug, medical appliance, medical product or biological preparation to a patient at a profit, except, a drug sold or supplied by a member to his or her patient that is necessary, (A) for an immediate treatment of the patient, (B) in an emergency, or (C) where the services of a pharmacist are not reasonably readily available…

Conflicts of interest and professional affiliations

16. As in all areas of clinical practice, physicians **must:**

    a) avoid or recognise and appropriately manage conflicts of interest,[10] and
    b) **not** charge an excessive fee for the services provided.[11]

17. Physicians who wish to form professional affiliations with complementary or alternative clinics, therapies, products, or devices **must:**

    a) critically assess the efficacy and safety of the treatments offered by the clinic and/or the therapeutic benefit to be obtained from the therapy or device and only form a professional affiliation if they are satisfied that they comply with the expectations in this policy;
    b) comply with the Advertising provisions in the General Regulation under the *Medicine Act, 1991* including that they**:**
        i. **not** associate themselves with any advertising for a commercial product or service other than their own medical services, or for any facility where medical services are not provided by the physician[12]; and
        ii. ensure any published materials[13] relating to that professional affiliation are accurate, factual, and based on evidence and scientific reasoning.[14]

[10] 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. For example, the Conflict of Interest Regulation requires a physician who or whose family has a proprietary interest in a facility where diagnostic or therapeutic services are performed to inform the College of the details of the interest. The College's Conflict of Interest Declaration Form can be found here.

[11] Section 1(1), paragraph 21, O.Reg. 856/93 Professional Misconduct, enacted under the Medicine Act, 1991 S.O. 1991, c.30. See also the Uninsured Services: Billing and Block Fees policy.

[12] As prohibited by the College's *Advertising* policy and O. Reg. 114/94: GENERAL under *Medicine Act, 1991*, S.O. 1991, c. 30.

[13] For example, presentation materials for conferences, published research or patient materials.

[14] O. Reg. 114/94: GENERAL under *Medicine Act, 1991*, S.O. 1991, c. 30.