



Doctors and CAM (complementary and alternative medicine)

Background

1. Complementary and alternative medicine (CAM) refer to therapies and treatments that are not commonly accepted in conventional medical practice. Complementary therapies are health care and medical practices that are used *alongside* conventional medical treatments but are not an integral part of conventional medicine, while alternative therapies are used *instead of* standard medical treatments.¹
2. When complementary and alternative medicines are commonly accepted to have benefits and minimal risks for the patient, and patients have made an informed choice and given their informed consent,² Council does not oppose their use.
3. No person may be found guilty of a disciplinary offence under the Health Practitioners Competence Assurance Act 2003 merely because that person has adopted and practised any theory of medicine or healing if, in doing so, the person has acted honestly and in good faith³.
4. Notwithstanding this, the Medical Council of New Zealand (Council) expects doctors who practise complementary and alternative medicine to do so in a manner that is consistent with their professional, legal and ethical obligations.⁴ This includes explaining the difference between CAM and conventional medical care so that your patient understands and is clear about the different approaches to treatment when making decisions about their care.
5. This statement has been written to inform doctors of the standards of practice that are expected of them by Council should they choose to practise complementary or alternative medicine or if they have patients who use complementary or alternative medicine. This statement may be used by the Health Practitioners Disciplinary Tribunal, the Council and the Health and Disability Commissioner as a standard by which a doctor's conduct is measured.

Doctors whose patients use CAM

6. CAM therapies are often used by patients. You need to acknowledge and be aware of CAM therapies irrespective of whether you intend to use or recommend them. Ask your patients about their use of CAM and by whom the CAM therapy is provided. Where appropriate, record any CAM therapies your patients use, including any details the patient informs you of, so that this information forms part of the background you and/or other doctors have when providing care to your patient.

¹ As defined in 'Doctors who use complementary and alternative medicine' in *Cole's medical practice in New Zealand*. This chapter discusses different categories of CAM treatment, why patients use CAM and how CAM can harm.

² See also the Council's statement on *Information, choice of treatment and informed consent*.

³ Section 100(4) of the Health Practitioners Competence Assurance Act 2003.

⁴ Refer to *Good medical practice* which is a base document setting out Council's expectation of all doctors who are registered with the Council. For a definition of the 'practice of medicine', please refer to: https://www.mcnz.org.nz/search-results/SiteSearchForm?Search=practice+of+medicine&action_SiteSearchResults=Search

Potential for conflicts

7. Some CAM therapies can adversely impact on the patient's health or compromise the quality of conventional medical care.⁵ As a precaution, it is important that you explain that there could be implications from CAM therapies on any conventional medical treatment your patient is receiving; and that you discourage use of CAM therapies for that period. In the event of a suspected interaction between a CAM therapy and conventional medical treatment, consider discussing this with a pharmacist and/or obtaining information directly from the CAM provider.
8. You should also take into account that CAM therapies may be practised within a specific cultural context such as Rongoā.⁶ You need to be mindful of the cultural beliefs, mores and behaviours of your patients and must respect these.⁷
9. Some patients might be reluctant to tell you about CAM therapies they use to avoid being judged. In asking about CAM therapies, you should be respectful and ensure that the patient is aware that these treatments may impact on the outcome of care.

Helping patients to make informed choices

10. If a patient expresses an interest in CAM, you should respond in an unbiased professional manner irrespective of your views about CAM and whether you incorporate CAM within your practice.
11. Where a patient is making a choice between conventional medicine or CAM, or whether to engage in CAM alongside conventional medicine, you should:
 - (a) assist the patient to evaluate likely benefits and risks of the proposed CAM treatment;
 - (b) make it clear to the patient, the level or limits of your knowledge about CAM;
 - (c) be aware that your views may influence your patient's beliefs and choices;
 - (d) To the extent of your knowledge, skills and judgement, you should provide sufficient information to allow competent patients to make an informed choice.⁸
12. The Medical Practitioners Disciplinary Tribunal stated in a 2003 decision:

*There is an onus on the practitioner to inform the patient not only of the nature of the alternative treatment offered but also the extent to which that is consistent with conventional theories of medicine and has, or does not have, the support of the majority of practitioners...*⁹
13. The Council endorses these comments and expects that if you include CAM within your medical practice or refer patients for CAM therapies you inform the patient in the manner suggested by the Tribunal before obtaining consent (and as required by the Code of Health and Disability Services Consumers' Rights). Careful attention to the process of informed consent is always important and you should advise patients when scientific support for treatment is lacking.
14. In the same decision, the Tribunal further stated:

The Tribunal recognises that persons who suffer from chronic complaints or conditions for which no simple cure is available are often willing to undergo any treatment which is proffered as a cure. As such, they are more readily exploited.
15. You must never exploit patients or misrepresent any form of treatment or health service, especially when obtaining consent.¹⁰

⁵ For example, CAM therapies such as herbal medicines can interact adversely with prescription medicines or have a significant effect on the anaesthesia given to a patient. For this reason, the New Zealand Society of Anaesthetists and ACC have developed an 'Anaesthesia Assessment – Patient Questionnaire' that asks if the patient is taking any medications (including herbal medications) and drugs. Refer to (<https://www.anaesthesiasociety.org.nz/resources/forms-and-templates/>) for more information.

⁶ Rongoā is an important aspect of health care for many Māori. Rongoā is a traditional healing system that encompasses plant remedies from native flora (Rongoā rākau), massage (mirimiri) and prayer (karakia). Illness is treated by addressing different aspects of health including spiritual, emotional, cultural, social, environmental, family and physical health.

⁷ Refer to the *Statement on cultural competence*. See also Right 1 of the Code of Health and Disability Services Consumers' Rights which upholds a patient's right to be treated with respect. In particular, Right 1(3) requires services to take into account the needs, values, and beliefs of different cultural, religious, social and ethnic groups, including the needs, values, and beliefs of Māori.

⁸ Refer to Right 6 (Right to be fully informed) and Right 7 (Right to make an informed choice and give informed consent) of the Code of Health and Disability Services Consumers' Rights.

⁹ *Director of Proceedings v Dr R W Gorringe* MPDT Decision No: 237/02/89D.

¹⁰ As required by Right 2 of the Code of Health and Disability Services Consumers' Rights.

Doctors who practise CAM or refer patients to CAM practitioners

16. Some doctors refer patients for CAM therapies or incorporate such therapies into their own practice. If you do so, you will be held to the same standard of care as any other doctor. Where there is reasonable evidence of both safety and efficacy, there is no barrier to making a referral to a CAM practitioner or to utilising a CAM treatment. To ensure optimal management of the patient, it is important that you maintain professional relationships with any practitioner who also treats the patient.
17. You should not misrepresent personal or published information or opinion about CAM therapies or any other treatment. Where you disagree with any personal or published information or opinion, you should explain the basis for your disagreement in order for your patient to understand your reasoning. Patients must be made aware of the likely effectiveness of a given therapy according to recognised peer-reviewed medical publications, notwithstanding your individual beliefs. In addition, you must make it clear to patients if a particular therapy lacks evidence and is not supported by the majority of doctors.
18. If you practise both conventional medicine and CAM, it is important that your patients are aware of which modality you are using and that the modality is agreed upon with the patient.
19. There must always be clarity as to which doctor is providing conventional medical care. This may or may not be the same doctor who is providing CAM services. There must also be clarity on the responsibility for following up abnormal results of laboratory tests or any investigations ordered. Such follow-up is almost always the responsibility of the doctor who ordered the test but there may be shared responsibility on occasion. Clear communication from the doctor practising CAM to the patient's usual general practitioner and agreement on responsibility for follow-up is essential in such circumstances.
20. If you are providing or proposing to provide CAM to a patient, the matters you should discuss include, but are not limited to:
 - (a) the expected risks, side effects, benefits and cost of each option including there being limited evidence around safety and risk of harm;¹¹
 - (b) highlighting that manufacturing and safety standards of CAM products are often not as rigorous as conventional medicines;
 - (c) the frequency and duration of the treatment;
 - (d) whether there are any diagnostic tests associated with the treatment;
 - (e) information on the history and nature of the CAM treatment or product, and the philosophy behind its use;
 - (f) information on the safety, efficacy, benefits and risks of the CAM treatment or product;
 - (g) the circumstances in which private health insurers and government organisations (for example ACC, and Work and Income New Zealand) may pay for or subsidise the CAM treatment; and
 - (h) the patient's right to seek a second opinion or to decline the treatment.
21. In **assessing** patients you must:
 - (a) take a pertinent medical history, where clinically indicated perform a physical examination of patients, and/or order any relevant tests or investigations;¹²
 - (b) reach a diagnosis by using a diagnostic system demonstrated by appropriate research methodologies to have a high level of accuracy and proven benefits to patients. This may include taking into account previous assessments by other health practitioners.
 - (c) advise patients of the evidence based and conventional treatment options, their risks, benefits and efficacy, as reflected by current knowledge; and
 - (d) document all of the above in accordance with sound practice. Your notes must be such that any doctor or health professional is able to understand the information you document (including the basis for your diagnosis and treatment) in order to provide follow-up care to your patient.

¹¹ As required by Right 6 of the Code of Health and Disability Services Consumers' Rights. Side effects include possible interactions between the CAM therapy and other medications the patient may be taking and psychiatric side effects.

¹² In its decision *Director of Proceedings v Dr R W Gorrings*, the MPDT found that Dr Gorrings conducted inadequate clinical examinations of two patients, took inadequate histories, placed undue reliance on one diagnostic technique (peak muscle resistance testing) and "...failed to carry out any other diagnostic tests to confirm or exclude his diagnosis when, plainly, he should have done so."

22. In **treating** patients, you must:
- (a) ensure that the treatment is safe;
 - (b) work within the scope(s) of practice you are registered in with the Council;
 - (c) have current knowledge and skills in your area of practice;
 - (d) be competent in the practices you employ;
 - (e) act honestly and in your patient's best interests according to the fundamental ethics of the profession which includes managing the patient's expectations;
 - (f) provide sufficient evidence-based information to allow patients to make informed choices, as set out above;
 - (g) refer to or consult with others when patients request it, when you require assistance or when the standard of practice requires it.
 - (h) ensure that any advertising or promotional material about you and/or your services comply with Council's standards on advertising;¹³ and
 - (i) obtain informed consent for any proposed treatment.¹⁴
23. When you see a patient whose ongoing care is being provided by another practitioner, you must maintain contact with that practitioner and must fully document CAM and other treatments provided to the patient. You must be available to answer any queries that the other practitioner might have and you should provide access to your clinical notes if your patient, his/her general practitioner, or any practitioner treating your patient requests a copy.¹⁵
24. In **advancing knowledge** including conducting clinical or innovative research into the use of CAM therapies and providing treatments in areas of uncertainty where no treatment has proven efficacy, you must:
- (a) follow nationally accepted guidelines for undertaking health and disability research, including obtaining approval for the research from an approved ethics review board or committee;
 - (b) ensure that your patients are told the degree to which tests, treatments or remedies have been evaluated, and the degree of certainty and predictability that exists about their efficacy and safety;
 - (c) be prepared to collaborate in the collection of information that can be appraised qualitatively or quantitatively, so that new knowledge is created, to be shared with, and critically appraised by, the profession;¹⁶ and
 - (d) have your research peer reviewed as part of good professional practice.

Association with a CAM clinic, therapy or device

25. Doctors who are associated with a CAM clinic, therapy or device, or who stand to gain financially from such an association must adhere to Council's standards.¹⁷
26. If you are associated with a CAM clinic, therapy or device, you must:
- (a) ensure that any materials you publish accord with the standards outlined in this statement and other Council statements as well as current New Zealand legislative standards.¹⁸
 - (b) disclose to your patient any financial or commercial interests you may have in the CAM clinic, therapy or device.

¹³ Refer to the *Statement on advertising*.

¹⁴ Right 7(1) of the Code of Health and Disability Services Consumers' Rights. See also section 2 of the Health and Disability Commissioner Act 1994 for a definition of 'informed consent'.

¹⁵ See also the statement on *Maintenance and retention of patient records*, and the Health Information Privacy Code 1994.

¹⁶ See also the section about 'Research' in the New Zealand Medical Association's *Code of ethics for the New Zealand medical profession*.

¹⁷ For example, the statements on *Advertising* and *Doctors and health related commercial organisations*.

¹⁸ For example, legislation on prescribing, fair trading and advertising.

Related statements

- *Good medical practice*
- *Good prescribing practice*
- *You and your doctor*
- *Information, choice of treatment and informed consent*
- *Doctors and health related commercial organisations*
- *Statement on advertising*
- *Maintenance and retention of patient records*
- *New Zealand Medical Association's Code of ethics for the New Zealand medical profession*
- *The New Zealand Code of Health and Disability Services Consumers' Rights*
- *The Health Information Privacy Code 1994*

November 2017

This statement is scheduled for review by November 2022. Legislative changes may make this statement obsolete before this review date. The contents of this statement supersede any inconsistencies in earlier versions of the statement.