

~~Statement on~~ Doctors and complementary and alternative medicine

Background

1. Complementary and alternative medicine (CAM) refer to therapies and treatments that are not commonly used in conventional medical practice. Complementary therapies are health care and medical practices that work *alongside* conventional medical treatments but are not an integral part of conventional medicine, while alternative therapies are used *instead of* standard medical treatments. This statement has been written to inform doctors of the standards of practice that are expected of them by the Medical Council of New Zealand should they choose to practise complementary or alternative medicine or if they have patients who use complementary or alternative medicine.

2. 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.

3. When complementary and alternative medicines (~~CAM~~) have demonstrated benefits for the patient and have minimal risks, and patients have made an informed choice and given their informed consent,¹ Council does not oppose their use.

4. 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 faith².

5. Notwithstanding this, 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.³

6. This statement has been written to inform doctors of the standards of practice that are expected of them by the Medical Council of New Zealand 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.

Definition

7. CAM is a widely used term, but it has no commonly accepted definition. The definition of *complementary and alternative medicine* developed at a 1997 conference of the United States Office for Alternative Medicine of the National Institutes of Health, and subsequently adopted

¹ See also the Council's statement on *Information, choice of treatment and informed consent*.

² Section 100(4) of the Health Practitioners Competence Assurance Act 2003

³ 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

by the Cochrane Collaboration and the Ministerial Advisory Committee on Complementary and Alternative Medicine is:

Complementary and alternative medicine (CAM) is a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period. CAM includes all such practices and ideas self-defined by their users as preventing or treating illness or promoting health and well-being.

And the World Health Organisation defines it as follows:

Complementary and alternative medicine (CAM) refers to a broad set of health care practices that are not part of a country's own tradition and not integrated into the dominant health care system. Other terms sometimes used to describe these health care practices include 'natural medicine', 'non-conventional medicine' and 'holistic medicine'.

Doctors whose patients use CAM

6. CAM therapies are often used by patients. You need to acknowledge and be aware of CAM therapies, even if you do not intend to use or recommend them. Some CAM therapies can adversely impact on conventional medical care. Therefore you need to be aware of, and where appropriate record, what any CAM therapies your patients use, including any details the patient informs you of, so that this information can be taken into account by you and/or other doctors when providing conventional care.

7. You should also take into account that CAM therapies may be practised within a specific cultural context.⁴ You need to be mindful of the cultural beliefs, mores and behaviours of your patients and must respect these.⁵

8. Some patients might be reluctant to tell you about CAM therapies they use. In asking about CAM therapies, you should be respectful and ensure that the patient is aware these treatments may impact on the outcome of their care.

Ensuring patients make informed choices

9. If a patient expresses an interest in CAM, you should respond in a professional manner irrespective of your views about CAM and whether you incorporate CAM within your practice.

10. 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 their assumptions and identify what benefits the patient considers the patient might be derived from a CAM treatment; ~~This information includes an~~

⁴ For example, Rongoā which is an important aspect of health care for many Maori. 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.

⁵ 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.

~~assessment of~~ ~~Consider discussing the expected risks, side effects, benefits and cost of each option, the frequency and duration of treatment, whether there any diagnostic tests associated with the treatment, and the circumstances in which private health insurers and government organisations (such as ACC and Work and Income New Zealand) will pay for treatment. This~~ (b) ~~make it clear to the patient, the level or limits of your knowledge about CAM;~~ (c) ~~To the extent of your knowledge, skills and judgement, you should provide sufficient information to~~ allows competent patients to make an informed choice.

~~Doctors who practise CAM or refer patients to CAM practitioners~~

~~11. Some doctors do refer patients for CAM therapies or incorporate them into their own practice.~~

~~1211. In a decision~~†The Medical Practitioners Disciplinary Tribunal (~~the 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...⁶

~~1312.~~ 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 ~~particularly~~ always important ~~when the proposed treatment is expensive or in any way innovative, and you should advise patients when scientific support for treatment is lacking.~~

~~1413.~~ 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.

~~1514.~~ You must never exploit patients or misrepresent any form of treatment or health service in order to obtain consent.⁷

~~Doctors who practise CAM or refer patients to CAM practitioners~~

~~15. Some doctors do refer patients for CAM therapies or incorporate them into their own practice. Where there is no reason to believe such a referral would expose the patient to harm, 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 cordial relationships with any practitioner you share your patients with.~~

⁶ Director of Proceedings v Dr R W Gorrige MPDT Decision No: 237/02/89D.

⁷ As required by Right 2 of the *Code of Health and Disability Services Consumers' Rights*.

16. 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.

17. If you are providing or proposing to provide CAM to a patient, the matters you should discuss include, but are not limited to:

- the expected risks, side effects, benefits and cost of each option;⁸
- the frequency and duration of the treatment;
- whether there any diagnostic tests associated with the treatment;
- information on the history and nature of the CAM treatment or product, and the philosophy behind its use;
- information on the safety, efficacy, benefits and risks of the CAM treatment or product; and
- 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.

1718. In assessing patients you must:

(a) ~~perform~~ take a pertinent medical history, where clinically indicated perform ~~and a~~ physical examination of patients, and/or order any relevant tests or investigations sufficient to make, or confirm, a generally recognised diagnosis, and in this, meet the standard of practice generally expected of the profession⁹

(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.

1819. In **treating** patients ~~and in engaging in health promotion~~, you must:

(a) ensure that the treatment is efficacious, safe and cost effective

(b) ~~work~~ work within the scope(s) of practice you are registered in

(~~b~~c) have current knowledge and skills in your area of practice

(~~e~~d) be competent in the practices you employ

(~~d~~e) act honestly and in your patient's best interests according to the fundamental ethics of the profession

(~~e~~f) provide sufficient information to allow patients to make informed choices, as set out above;

(~~f~~g) ~~and to~~ refer to, or consult with, others when patients request it, when you require assistance or when the standard of practice requires it. ~~(Where there is no reason to believe~~

⁸ As required by Right 6 of the Code of Health and Disability Services Consumers' Rights.

⁹ In its decision Director of Proceedings v Dr R W Gorringer, the MPDT found that Dr Gorringer 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."

such a referral would expose the patient to harm, there is no barrier to making a referral to a CAM practitioner or to utilising a CAM treatment.)
(fg) not misrepresent personal or published information or opinion. Where you disagree with any personal or published information or opinion, you should explain the basis for your disagreement to your patient so that your patient understands where you are coming from. Patients must be made aware of the likely effectiveness of a given therapy according to recognised peer-reviewed medical publications, notwithstanding your individual beliefs
(gh) ensure that any advertising or promotional material about you and/or your services comply with Council's standards on advertising;¹⁰ and
(ghi) obtain informed consent ~~to~~ for any proposed treatment.

~~20. If you are not the patient's general practitioner, then you should ensure~~ be satisfied that continuity of the patient is receiving medical care is being provided elsewhere. When you see a patient whose ongoing care is being provided by another general practitioner, you should ~~must~~ be in regular contact with that general practitioner and should ~~must~~ fully document CAM and other treatments provided to the patient. You should ~~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 or his/her general practitioner requests for a copy.¹¹

~~19~~**21. 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)~~ obtain approval for the research from an approved ethics review board or committee follow national accepted guidelines for undertaking health and disability research;

~~(ab)~~ 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; and

~~(bc)~~ 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.¹²

Association with a CAM clinic, therapy or device

22. Doctors who are associated with a CAM clinic, therapy or device must adhere to Council's standards.¹³

23. If you are associated with a CAM clinic, therapy or device, you must 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.¹⁴

¹⁰ Refer to the *Statement on advertising*.

¹¹ See also the statement on *Maintenance and retention of patient records*, and the Health Information Privacy Code 1994.

¹² See also the section about 'Research' in the New Zealand Medical Association's *Code of ethics for the New Zealand medical profession*.

¹³ For example, the statements on *Advertising and Doctors and health related commercial organisations*.

¹⁴ For example, legislation on prescribing, fair trading and advertising.

Related resources

- [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](#)

~~March 2014~~ **July 2017**

This statement is scheduled for review by ~~March 2016~~ July 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.](#)