Complementary And Alternative Medicines

Contents
Policy ........................................................................................................................................... 1
Purpose ......................................................................................................................................... 1
Scope/Audience .............................................................................................................................. 1
Definitions ...................................................................................................................................... 2
Roles and responsibilities .............................................................................................................. 2
Exclusions ....................................................................................................................................... 2
Policy Criteria ................................................................................................................................. 3
References ....................................................................................................................................... 3

Policy
Staff and patient rights and responsibilities in respect of Complementary and Alternative Medicine (CAM) use on CDHB premises are acknowledged and controlled in such a way as to minimise the risk of harm to each other.

Purpose

- To ensure a record of all medication taken by patients.
- To ensure potential interactions, adverse reactions, contraindications and OSH risks are avoided and occurrences recorded.
- To acknowledge staff and patient rights and responsibilities (including those of the foetus and breast-feeding infant).
- To limit the legal liability of the hospital and its staff for CAM use by patients.
- To define what CAM hospital staff can prescribe/administer and/or what therapies accredited therapists can administer to patients.
- To prevent covert self-medication with CAM.
- To facilitate informed, appropriate use of CAM.
- To acknowledge significant use of CAM within the community.
- To formalise the patient/carer/clinician relationship with respect to achieving positive patient outcomes

Scope/Audience
The policy applies to all patients of Canterbury DHB hospital wards, clinics and departments.

The latest version of this document is available on the CDHB intranet/website only.
Printed copies may not reflect the most recent updates.

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Page 1 of 3  Be reviewed by: December 2012
Definitions

‘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.’ (Ref.1)

The Therapeutic Goods Administration consider a Complementary Medicine to be a product for oral, dermal, rectal or inhalational use containing active substances associated with maintenance of health or prevention of disease which does not necessarily rely on the evidence of efficacy based on conventional current medical practice.

This includes, but is not limited to, nutritional and health food supplements, homoeopathics, homeobotanicals, tissue (cell) salts, cellooids, aromatherapy oils, Bach/bush flower remedies, macrobiotics, traditional/ethnic remedies.

Roles and responsibilities

- **Prescribers:** to include CAM in medication history, to consult with patients on implications of CAM when co-prescribed with other medication/surgery and to report adverse reactions to CAM.
- **Pharmacists:** to advise on safety, interactions and contraindications of CAM use and to supply prescribed/formulary CAM.
- **Nurses:** to administer prescribed CAM.
- **Other health professionals:** to inform prescribers when aware of non-recorded CAM use.
- **Patients:** to divulge CAM use; to supply/store/administer own CAM; to be responsible for sequelae of CAM use *(sign disclaimer?)*.

Exclusions

- The policy does **not** include reference to the practice of CAM by qualified/registered CAM professionals on CDHB premises.
• The policy does not propose to cover the unique position of Maori healing arts in our national cultural heritage, nor the ethnobotanical traditions in which they are based.

Policy Criteria

• Staff must document all significant CAM in medication history.
• Staff must document all CAM discussion/advice to patient in clinical notes including identified risks (safety, interactions, adverse reactions, quality), contraindications (e.g. pregnancy, breast-feeding) and efficacy.
• Staff must document all suspected CAM adverse reactions in clinical notes and advise the Centre for Adverse Reaction Monitoring.
• Prescribers must reference all non-prescribed CAM use on medication charts.
• Staff must ensure the use of external CAM therapies (e.g. aromatherapy) will not affect other patients/staff.
• Staff must ensure CAM used in the CDHB are legally available.
• Prescribers must ensure patient’s right to therapeutic choice of CAM balanced by professional assessment/judgement.
• Staff must ensure all CAM containers are identified and properly labelled.

References

• US National Center for Complementary and Alternative Medicine (NCCAM) model
• Therapeutic Goods Act (Australia)
• Medicines Act

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<th>Policy Owner</th>
<th>Medicines Advisory Board</th>
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<tbody>
<tr>
<td>Policy Authoriser</td>
<td>Clinical Board</td>
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<tr>
<td>Date of Authorisation</td>
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