

COLLEGE OF PODIATRIC SURGEONS OF BRITISH COLUMBIA
STANDARDS AND GUIDELINES

COMPLEMENTARY AND ALTERNATIVE MODALITIES

PREAMBLE

This is a guideline of the College of Podiatric Surgeons of British Columbia.

INTRODUCTION

Patients must be active participants in the determination of their treatment, give informed consent, be made aware of any risks, and have reasonable expectations for the desired outcome of the therapy. Application of alternative therapies to the appropriate candidates will be made by the podiatrist based on their knowledge of the patient and thorough discussion during the physician-patient relationship whereby both parties can see a potential benefit using alternative therapies.

Complementary and alternative treatments encompass an array of health and wellness remedies that traditionally have not been considered to be part of the scope of conventional Western medicine.

‘Complementary’ means treatments used with, and ‘alternative’ means treatments used in place of, conventional medicine. These ‘CAM’ modalities are not universally taught in accredited medical or podiatric medical schools but are becoming increasingly popular.

Many patients and health care providers have an interest in CAM therapy options. Patients may expect definitive, reliable advice from podiatrists about the efficacy and risks of CAM therapies, based on podiatrists’ doctorate level of medical knowledge. Only podiatrists have the education to evaluate and integrate alternative therapy into a podiatric medical treatment regimen. However, patients must be made aware that evidence based medical science is often lacking to support the use of such therapies upon which to base recommendations. CAM modalities differ from conventional medicines precisely because they are generally unsubstantiated by traditional scientific methods in that they have not been put through a rigorous scientific process evaluating the therapy’s efficacy and safety.

The scientific evaluation of the merits of alternative therapies by the College as the regulating authority prior to the introduction of the modality in the practice environment is not practicable. There should be no reliance on assertions, speculations and testimonials on the efficacy and safety of CAM modalities. Podiatrists must be cautious about making recommendations for their patients on the basis of such limited evidence-based medicine as in doing so they may be departing from the expected standard of care, skill and knowledge expected of a practitioner.

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Although some unproven remedies might carry no risk, it does not follow that, because a remedy is an alternative, or 'natural' therapy, it is necessarily harmless and safe to use. Both complementary and alternative therapies can produce direct toxicity and adverse interactions with other treatments including prescription and over the counter medications. In addition, CAM modalities may prevent the use of more appropriate, efficacious, proven remedies.

Ultimately, podiatrists who consider complementary and alternative methods should be aware that the use of such therapies still constitutes the practice of podiatric medicine, and falls within the scope of practice accorded to podiatrists and related regulatory rules under the Health Professions Act and College bylaws, and they should be familiar with the guidelines below.

GUIDELINES

1. Registrants who use any alternative or complementary therapy must take appropriate continuing education to be knowledgeable of current theory regarding the therapy's mode of application, mode of action, efficacy, risks and inter-relationship with conventional therapies.
2. Registrants are responsible in every case for examining patients for the purpose of reaching a diagnosis and assessing the suitability of the patient for any treatment, and this act must not be omitted or delegated.
3. Registrants are responsible in every case for examining a patient for the purpose of assessing the efficacy of treatment, and this act must not be omitted or delegated.
4. Registrants must make reasonable effort to be aware of their patients' use of CAM therapies. Registrants should in every case when taking a history ask specific questions to elicit information about the patient's history with such therapies.
5. A patient's request in itself is not sufficient reason to recommend a treatment option. Registrants are responsible in every case to evaluate the merits of the CAM therapy. The podiatrist must weigh the risks and benefits of any therapy on a patient to patient basis.
6. Registrants must advise their patients in every case of all reasonable options for the treatment of the patient's condition.
7. Registrants must use proper diagnostic procedures to determine all appropriate options for conventional as well as CAM treatment that are in the best interest of the patient, and choose those that are most likely to restore the patient to good health prior to the recommending or implementing of any therapy.
8. Registrants must in every case evaluate whether a CAM therapy should be used alone or in conjunction or integration with any conventional treatment.

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9. Registrants must not misrepresent the safety or efficacy of any therapy or procedure, whether conventional or unconventional.
10. Registrants must not recommend a CAM therapy to the exclusion of a conventional therapy which has known demonstrable benefit to the patient and must not expose the patient to any risk from a therapy of no proven benefit.
11. The use of an effective and proven therapy must not be delayed or supplanted by the choice of a complementary or alternative treatment.
12. Registrants must counsel the patients, to the best of their ability and knowledge, about the known risks and benefits of any procedure, so that the patient can give informed consent.
13. Any proposed CAM therapy must be properly explained to the patient. Registrants should use an Alternative Therapy Patient Consent Form.
14. In addition to the content of the Consent Form, registrants should include additional detail of matters explained to the patient in their chart notes.
15. Registrants must respect the autonomy of their patients in choosing treatment.
16. Where a patient's choice of a complementary or alternative therapy makes it impracticable for the podiatrist to discharge their ethical responsibilities, the podiatrist may terminate the patient-podiatrist relationship.
17. Registrants must not professionally associate with, or refer patients to, practitioners who recommend only unproven therapies over proven therapies.
18. A registrant may advertise a 'specialty' or as a 'specialist' only if the registrant is Board certified by a relevant, approved body in accordance with the College Bylaws.
19. A non-registrant may perform only tasks that may be delegated under the College bylaws.
20. A non-registrant who provides treatment must remain under direct supervision of a registrant throughout the procedure.
21. When a specific alternative therapy is generally in question, the matter will be investigated by the College quality assurance committee who will consult with resources, colleagues and institutions that are knowledgeable in that particular therapy.
22. If the recommendation, application or results of a CAM therapy in a particular case are questioned, the matter will be investigated by the College inquiry process.