



COLLEGE & ASSOCIATION  
OF REGISTERED NURSES  
OF ALBERTA

# Alternative and/or Complementary Therapy: Standards for Registered Nurses

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## GLOSSARY

<b>alternative therapy</b>	those therapies that are outside of mainstream traditional Western medicine and are used <b>instead</b> of conventional care
<b>complementary therapy</b>	those therapies that are used in addition to conventional care
<b>experimental therapy</b>	those therapies that are used as part of an approved research study. The study will have been reviewed by an ethics committee and takes into consideration the Canadian Nurses Association's <i>Ethical Research Guidelines for Registered Nurses</i> (2002).
<b>complementary and alternative health care (CAHC); complementary and alternative medicine (CAM)</b>	diagnosis, treatment and/or prevention that complements mainstream medicine by contributing to a common whole, by satisfying a demand not met by conventional approaches, or by diversifying the conceptual framework of medicine. Some common CAHC practices include: chiropractic services, massage therapy and traditional Chinese medicine. While CAM is the term most often used internationally, CAHC recognizes the diversity of practice areas, including medicine, and is the term most commonly used by Health Canada in policy context. (Health Canada, 2003)
<b>natural health products (NHPs)</b>	NHPs include vitamins, minerals, essential fatty acids and homeopathics, etc. These products are used to prevent, diagnose or treat disease, restore or correct function, or maintain or promote health. NHPs may be derived from plants, animals or micro-organisms. (Health Canada, 2003)
<b>integrative health care</b>	Linkage of CAHC therapies and NHPs with mainstream traditional Western medicine. "Integrative care is more than using CAHC/NHPs and conventional care together. It is rooted in the belief that consumers should have the ability to make informed choices about all their health-care options" (Smith & Simpson, 2003, p. 5).

Note that the terms "alternative" and "complementary" therapy are often used interchangeably.

**The naming of particular therapies in the document does not in any way indicate the College and Association of Registered Nurses of Alberta (CARNA) endorsement of the alternative or complementary therapies. They are merely examples.**



# ALTERNATIVE AND/OR COMPLEMENTARY THERAPY: STANDARDS FOR REGISTERED NURSES

## INTRODUCTION

Many registered nurses are interested in complementary and alternative health care (CAHC) and natural health products (NHP) because of their emphasis on a holistic approach to care. This holistic approach to care focuses on the mind-body-spirit connection. Florence Nightingale believed that "...nursing is putting us in the best possible conditions for Nature to restore or to preserve health – to prevent or to cure disease or injury" (Nightingale, 1954, p. 334). It was her belief that the individual was central to their own healing.

Canadians are increasingly using CAHC therapies and NHPs. In an analysis of National Population Health Survey data, Miller estimated 19% of Canadians used CAHC practitioners (Millar, as cited in Simpson, 2003). The Berger Population Health Monitor reported that the proportion of Canadians using one or more NHPs had risen from 70% in 1999 to 75% in 2001 (Berger, as cited in Simpson, 2003). Some of the reasons why the client would consider CAHC therapies and NHPs include:

- increased chronic disease
- public access to information
- desire for control over health
- compatibility with client belief system (Tataryn & Verhoef, as cited in Simpson, 2003; Astin, as cited in Simpson, 2003)

For example, people living with HIV/AIDS commonly use CAHC therapies and NHPs. When the HIV/AIDS epidemic began there were few treatments and medications available for this population. Use of CAHC therapies and NHPs have enabled them to address health issues related to stress, pain reduction, nutrition, physical movement and the immune system (Hoe, 2003).

Registered nurses in all areas of practice are encountering situations, questions or concerns related to CAHC and NHPs. The purpose of this document and the standards identified within it, is to provide guidance for registered nurses in their practice.

## CAHC AND NHP'S REGULATORY STRUCTURE

An important distinction between CAHC therapies and NHPs is that CAHC therapies are generally provided by a CAHC practitioner while NHPs are self-selected by the consumer (Smith & Simpson, 2003). In some cases, the CAHC practitioner is a member of a regulated profession. For example, chiropractors and traditional Chinese medicine practitioners will be regulated under the *Health Professions Act* (HPA) (2000). However, many therapies that fall under CAHC including aromatherapy, craniosacral therapy,

Ayurvedic medicine, iridology, therapeutic touch and Reiki are not regulated and the practitioners using them with clients may not be health-care professionals.

Traditionally, NHPs have been classified as either foods or drugs (Waddington, 2003). Those classified as foods are sold for their nutritional value. Products making health claims such as impacting on symptom management or treatment of an illness would be considered drugs. There was much discussion about the advantages and disadvantages of regulating NHPs (Tuite, 2003). Health Canada established an Advisory Panel on Natural Health Products and in 1999, a full public review of the regulation of NHPs was initiated by the House of Commons Standing Committee on Health.

Based on the recommendations of the Standing Committee, the Office of Natural Health Products, which later became the Natural Health Products Directorate, was established to oversee the development of a new framework for NHPs sold over the counter. “Products that require practitioner intervention or have a narrow safety margin will continue to be regulated as before under the Food and Drug Regulations (FDR)” (Waddington, 2003, p. 7).

The NHP regulation came into force on January 1, 2004. Under this regulation, all NHPs sold in Canada will be required to have a pre-market assessment and authorization of their safety and effectiveness (Waddington, 2003). All applicants must submit a listing of the product’s medicinal and non-medicinal ingredients and those must appear on the product label. Those who manufacture, package, label or import a NHP must have a site license. This is to ensure that products in Canada are of high quality and made according to accepted or approved manufacturing practices in licensed facilities. Health Canada is developing a compendium of monographs outlining safety and effectiveness information for the most commonly used ingredients on the market (Tuite, 2003).

It is anticipated that it will take six years to fully implement the new regulatory framework for NHPs (Waddington, 2003). The focus for the first two years will be on ensuring all manufacturers have site licenses and are using approved good manufacturing practice. Currently, approximately 10,000 NHPs have Drug Identification Numbers (DINs) issued under the Food and Drug Act. It is estimated there are over 50,000 to 60,000 NHPs on the market. All of these products will have six years to transition to the new framework.

## **STANDARDS FOR COMPLEMENTARY AND ALTERNATIVE HEALTH CARE AND NATURAL HEALTH PRODUCTS IN NURSING PRACTICE**

The following standards provide guidance to registered nurses in making decisions about providing care that involves complementary or alternative health-care therapies and natural health products as an adjunct within their nursing practice. It also provides guidance in those situations where the client initiates these therapies. In addition, these standards provide information to the public as to what they can expect from registered nurses with respect to CAHC.

There are two main types of situations when questions arise for registered nurses:

1. When the registered nurse would like to use CAHC therapies as an adjunct within his/her practice setting or their own self-employed practice.

2. When the client is exploring or initiating CAHC therapies and NHPs on their own.

### **A. Engaging CAHC as an adjunct to nursing practice.**

1. Knowledge of alternative/complementary therapy.
  - The registered nurse has the necessary knowledge, skill, judgment, attitudes and competencies to provide the therapy in a safe, competent and ethical manner.
  - The registered nurse has taken appropriate educational or certificate programs to prepare him/herself to provide the therapy. In some situations (e.g. acupuncture), licensure with another regulatory body may be necessary.
  - The registered nurse has examined the evidence to determine that the therapy is safe and effective including consultation with a pharmacist as necessary.
  - The registered nurse uses his/her knowledge and critical judgment to identify risks and expected outcomes, and to determine if the therapy is appropriate to the client situation.
  - The registered nurse is aware of the intended effects, possible side effects, and is prepared to provide care in relation to any expected or unexpected effects of the therapy – including plans for backup care if it is needed.
  - Nursing care related to CAHC therapies is documented in the client record including assessment, planning, intervention and evaluation of care.
  - The registered nurse encourages the client to inform their health-care provider of CAHC they engage in and NHPs they are using.
2. Administration of NHPs.
  - There are policies and procedures in place that support the administration of NHPs.
  - RNs administer NHPs that are legal in Canada. NHPs should have an eight digit product license number that is preceded by the letters 'NPN'. Homeopathic medicines will have the eight digit number preceded by the letters 'DIN-HM'. These labels provide assurance that the product has been reviewed and approved by Health Canada for safety and efficacy (Health Canada, 2004).
  - The RN who administers NHPs is aware of the intended effects, possible side effects and is prepared to provide care in relation to expected or unexpected effects of the NHP.
3. Informed consent.
  - The client is informed of the potential benefits and risks, intended effects and possible side effects of the therapy and other available options.
  - There is informed consent by the client as outlined in the information sheets from the Canadian Nurses Protective Society (CNPS, 1994; CNPS, 2004).
4. Authority to provide alternative/complementary therapy.

- A registered nurse has the authority to provide the therapy if:
  - a. The therapy is within the scope of nursing practice (refer to CARNA *Scope of Nursing Practice* [2005] and professional legislation including restricted activities).
  - b. There are policies, procedures and standards in place in the practice setting that support the use of the therapy as a part of the plan of care.
- Those nurses in self-employed practice who wish to use alternative/complementary therapies as an adjunct to their nursing practice must submit documentation to the Registration Committee for approval. Registered nurses in self-employed practice must follow the guidelines outlined in the CARNA document *Self-Employment for Nurses: Position Statement and Guidelines* (2005). CAHC therapies “are not specific to any one discipline and are often used by individuals who are not health-care professionals” (NANB, 1996, p. 1). CAHC therapies “by themselves do not constitute nursing practice” (NANB, p. 1).
- Registered nurses may use the title “RN” with the promotion of their approved nursing practice. Using the title “RN” in marketing approved professional services helps the consumer make an informed decision when choosing a health-care provider.
- In situations where a client is choosing a product or service, the RN will provide information on a range of options so the client can make an informed choice on the use of a product as part of the plan of care. The client should be informed of the intended effects, potential benefits and risks and possible adverse effects of the products and available options. Registered nurses cannot use the title “RN” in association with the endorsement or promotion of products or services.

## **B. Clients initiating alternative/complementary therapies.**

With the increase in access to information, clients are increasingly taking control over their own care. Many are searching for therapies that will relieve the symptoms of chronic or acute illness. Others have cultural practices and values that are different from mainstream North American health care. In situations where clients want to explore or have initiated CAHC and NHPs, the registered nurse must:

1. be non-judgmental in supporting the client’s exploration of the therapies
2. recognize the client’s autonomy in decision-making
3. assist the client to find accurate information on CAHC therapies, NHPs and conventional treatment in order that the choices made by the client are informed choices. This includes information on potential risks, benefits, costs and limitations of the therapy and the federal NHP regulation.
4. encourage the client to inform all health-care providers, including physicians, of the CAHC they are engaged in and NHPs they are using.

## RISK FACTORS TO CONSIDER

Parkman (2002) has identified several risk factors that may be important to consider when assessing clients and families in relation to CAHC and NHPs. These include:

- clients who have rejected conventional care for an acute or chronic illness and have placed all their hope in CAHC or NHPs with little knowledge of the efficacy of the CAHC therapies or NHPs
- clients who have delayed treatment for a treatable illness on the basis of self-diagnosis without a medical evaluation of the health problem
- clients who have spent considerable monies for therapies not covered by insurance and as a result are at risk for financial hardship or difficulty
- clients who independently mix CAHC and/or NHPs with prescribed conventional therapies without knowledge of the contraindications and associated risks
- women of child-bearing age or who are pregnant using herbal or nutritional supplements without the guidance of a health-care professional
- clients in emergencies or clinics with atypical symptoms or failure to respond to prescribed therapy

## EXAMPLES

The following scenarios are provided to give examples of how the standards can be used to make decisions with respect to alternative/complementary therapy.

*Robert is a home care nurse caring for a client who has colon cancer. The client has undergone chemotherapy and the outcome is uncertain at this point. The client has difficulty with pain, is anxious about the outcome of treatment, and has shown signs of depression. On recent visits, Robert noted that the client has been making comments with respect to CAHC and NHPs. Knowing that many clients do not inform their mainstream health-care providers that they are using alternative therapies, Robert explores this further on his next visit. He discovers that the client has been using some herbal remedies and is considering going to a clinic in Europe for treatment. The client asked Robert to give him the required injections when he comes home.*

In addressing this client situation, Robert used the CARNA document *Ethical Decision-Making for Registered Nurses in Alberta: Guidelines and Recommendations* (2005) for guidance with the ethical concerns. He also used the document *Alternative and/or Complementary Therapy: Standards for Registered Nurses* (CARNA, 2005).

According to the principle of autonomy, clients have the right to make their own decisions and choices with respect to health care. The registered nurse has a responsibility to make sure the client is informed about the choices they make. In this situation, Robert explored with the client information and evidence on the particular NHPs that the client is using or considering using, as well as other options, and encouraged the client to seek information from the physician or a pharmacist as to the effects and interactions of both the mainstream medications and the NHPs. He also

suggested the client check with Health Canada concerning the regulation status of the NHPs. The client agreed to monitor the effects of the remedies and medications. Together, they decided on how and what should be monitored. Robert discussed with the client other CAHC therapies that have been approved for use in this practice setting, including guided imagery, massage, and Therapeutic Touch.

The client has very little information on the nature of the injections he was to have after treatment in the European clinic. He and Robert discussed at length the information the client should seek while there. Robert made it clear that he could not administer an injection of a substance he did not know. If the client insisted on having the injection, Robert agreed to teach a family member to give the injection safely. The family understood that while Robert would support the family in their choice, he could not as a registered nurse administer an unknown substance, or engage in therapy not approved by his employer.

***Anne is a nurse who has taken the appropriate massage therapy education and has become a certified massage therapist. She works on a surgical unit and believes that massage could be used to help relieve pain, decrease anxiety and increase relaxation.***

Anne knew that, while massage therapy may assist in relieving pain and decreasing anxiety, the dilation of blood vessels and increased circulation may be of risk to clients with cardiac or renal problems. She first reviewed the policies and procedures within the practice setting to see if massage therapy was approved as a modality of care. If she performed massage and something untoward happened, the employer may not provide liability protection if she was acting outside of her job description and the policies of the practice setting. In this practice setting, there was no policy statement, so Anne approached the manager and discussed the process for approval. Relevant research on potential benefits and risks was carefully examined. Policies and guidelines were developed to guide employees who have the education and certification for massage therapy to engage in therapeutic massage.

***Jane is a registered nurse working in home care in an inner city area. Her caseload includes individuals from a number of different cultural groups, as well as First Nation Canadians. She has encountered an increasing number of questions about the use of NHPs as well as CAHC therapies from all cultural groups.***

In talking to her colleagues, Jane realized that others were also concerned about knowledge of various cultural practices and values, knowledge of various CAHC therapies and NHPs being used, and ethical dilemmas related to alternative and complementary therapy. At the next staff meeting, they identified this as an issue and planned to set aside some in-service and staff meeting time to address it. The nurses divided into three groups. Jane's group began a literature review on CAHC therapies and

NHPs and eventually created a resource manual. The manual included information and research on various CAHC therapies and NHPs being used. They also examined federal regulations as it relates to NHPs. One group identified several ethical issues. They consulted with CARNA and the Provincial Health Ethics Network (PHEN). A half-day workshop was organized in which they worked through some of the ethical dilemmas that faced them. The third group examined in more depth some of the varying cultural health-care practices and beliefs of the population in their area. They developed a series of seminars involving community members. One of their goals was to explore how they could honour and respect traditional healers and practices while working within CARNA standards.

***Joan is interested in setting up a holistic self-employed practice. She is very interested in lifestyle management and health promotion. Joan has taken the certification courses for Therapeutic Touch. Joan has a part-time position in oncology at her local hospital.***

Joan contacted CARNA for information on self-employed practice and standards for CAHC. She reflected upon the discussion related to knowledge and consent to treatment and realized that although she had done the certification for Therapeutic Touch, she was a very beginning practitioner. Joan decided to work with another Therapeutic Touch practitioner for six months in order to gain experience through mentoring.

There were several clients on Joan's unit who were interested in having Therapeutic Touch when they returned home. She knew she couldn't promote her own business, and discussed how to approach this with her manager. They established a resource list for Therapeutic Touch which could be provided by staff to clients who were interested. It included a reading list, policy within the hospital, and a list of practitioners or businesses where Therapeutic Touch could be accessed outside of the hospital. For those clients who asked, she provided information and let them know how they would go about accessing that service. She was careful to discuss several resources and did not recommend her own practice.

***Darlene is the manager on an acute care general surgical unit. They recently had an incident where a client had not informed his physician that he was taking NHPs in addition to his prescribed medication. The client's life was at risk during surgery due to uncontrolled bleeding.***

Darlene and the risk management team discussed this incident from the perspective of client safety and medical error. They noted in the literature that many clients do not inform health-care providers that they are engaging in CAHC or taking NHPs. To address this situation it was decided to develop an assessment tool and teaching plan for the pre-op clinic so that clients and families could be supported in sharing this information with all health-care providers including their physicians.

Darlene and her nursing staff adapted the assessment tool and teaching plan for use on the unit as a number of clients having emergency surgery have not attended the pre-op clinic. The clinical educator, together with the pharmacist, developed an in-service for staff to increase their knowledge as part of the implementation of the assessment tool and teaching plan.

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