

NON-TRADITIONAL THERAPY PROVIDED BY MEMBERS

BACKGROUND

The Medical Act contemplates that members of the College may engage in non-traditional therapies. This Statement informs members of the standards of practice that are expected of them by the College should they choose to practise non-traditional therapies.

SCOPE

This Statement applies to all members of the College.

DEFINITION

In this Statement, “non-traditional therapy” means any form of treatment provided by a physician which has not been proven by orthodox scientific methodology and/or accepted by statutory medical or health care authorities as effective for the prevention, treatment, or cure of any human disease, ailment, physical or mental condition, deformity, defect or injury.

Non-traditional therapy may include, but is not limited to:

- a. Diet/Nutrition/Lifestyle Changes
- b. Mind/Body Control
- c. Traditional and Ethnomedicine
- d. Structural and Energetic Therapies
- e. Pharmacological and Biological Treatments
- f. Bioelectromagnetic Applications

where the therapy or its application to any patient meets the definition set forth above.

PRINCIPLES

1. In assessing patients, physicians must:
 - a. Perform a pertinent history and physical examination of the patient, sufficient to make or confirm a generally recognized diagnosis, and, in so doing, to meet the standard of practice of the profession.
 - b. When necessary, conduct appropriate investigations, using generally accepted modalities pertinent to the complaint.
 - c. Reach a conventional diagnosis that reasonable physicians would reach, supported by the data.
 - d. Advise the patient of the evidence-based and conventional treatment options, their risks, benefits and efficacy, as reflected by current knowledge.



- e. inform the patient of the nature of the treatment offered and the extent to which it is consistent with conventional theories of medicine and has or does not have the support of the majority of physicians.
 - f. Document all of the above in the patient record.
2. In treating patients, physicians must:
- a. Have current knowledge and skills in their area of practice.
 - b. Be competent in the practices they employ.
 - c. Act honestly and in the patient's best interests.
 - d. Provide sufficient information to allow the patient to make an informed choice.
 - e. Refer to, or consult with, others when the physician requires assistance, or the standard of practice requires it. A physician, acting honestly and without conflict of interest, may refer a patient to a practitioner who provides non-traditional therapies when there is no reason to believe that such a referral would expose the patient to harm.
 - f. Not misrepresent information or opinion. Patients must be advised of the likely effectiveness of a given therapy, according to recognized peer-reviewed medical publications, notwithstanding the physician's individual beliefs.
 - g. Obtain informed consent to any proposed treatment.
3. In advancing knowledge, physicians who provide treatments in areas of less well proven efficacy in any area of medicine must:
- a. Ensure that the patient is told the degree to which the tests, treatments or remedies have been evaluated and the degree of certainty and predictability that exists about their efficacy and safety.
 - b. Be prepared to collaborate in the collection of information that can be appraised qualitatively or quantitatively, so that new knowledge is created, to be share with and critically appraised by the profession.
4. Physicians must recognize that patients who suffer from chronic complaints or conditions for which there is no apparent cure are often willing to undergo any treatment which is proffered as a cure and, as such, they are more readily exploited. Physicians must never exploit the emotions, vulnerability or finances of a patient for personal gain or gratification. Physicians must never misrepresent any form of treatment or health service in order to obtain consent.

**A statement is a formal position of the College
with which members shall comply.**