



The College of Physicians and Surgeons of Ontario

Non-Allopathic (Non-Conventional) Therapies in Medical Practice Draft Policy (Formerly, Complementary Medicine)

Consultation

The ***Non-Allopathic (Non-Conventional) Therapies in Medical Practice*** draft policy has been approved for external consultation. Proposed revisions to the policy, formerly called the Complementary Medicine policy, have been developed by a Working Group following a preliminary external consultation.

The College is inviting feedback from the profession, the public and other stakeholders on the revised draft policy. All of the feedback received will be reviewed by the Working Group, the College's Executive Committee and Council before making any decisions about what is included in the final version of the policy. Deadline to provide comment is September 1, 2011.

More information follows, including:

- Brief Background
- Process Used in Developing the Revised Draft Policy
- Key Features of the Revised Draft Policy
- Next Steps
- Have Your Say

[See Revised Draft Policy here](#)

Brief Background

The College's Complementary Medicine policy is currently under review in accordance with our regular policy review process. The policy was originally developed in the mid-1990s, and articulated broad statements of expectation for the profession related to three core components: assessing patients, treating patients, and advancing knowledge.

Since the development of the Complementary Medicine policy, the environment has changed significantly. The popularity of non-allopathic therapies amongst patients has increased and the type of available therapies has increased. Non-allopathic therapies are being provided by a broad range of individuals: physicians, other regulated professionals, and some unregulated professionals, and new regulatory Colleges have been formed for Naturopathy, Homeopathy and Traditional Chinese Medicine and Acupuncture.

Process Used in Developing the Revised Draft Policy

A Working Group, composed of both physician and public members of Council, was struck to review the Complementary Medicine policy. A number of preliminary steps were undertaken by the Working Group to ensure it was informed of the pertinent issues and had engaged with relevant stakeholders, by:

- Inviting stakeholders to present their comments on the existing policy and on the field of complementary medicine at a Working Group meeting in the spring of 2010;
- Holding a preliminary consultation on the existing policy over the spring and summer of 2010;
- Conducting a public opinion survey on related issues;
- Reviewing the related policies and positions of Canadian and international jurisdictions;
- Researching a range of topics, including evidence-based medicine and patient use of therapies.

Through the policy review process, the Working Group has also critically assessed the existing policy. It considered whether the policy was sufficiently comprehensive or whether it should address other physician roles beyond the direct provision of non-allopathic therapies. In addition, the Working Group considered whether the expectations in the existing policy could be made clearer for physicians, and whether policy revisions could be made to help prevent patient harm.

After careful consideration of all the information, feedback, and research gathered during the early stages of the policy review process, the Working Group has developed the revised draft policy, *Non-Allopathic (Non-Conventional) Therapies in Medical Practice*, which has been approved for external consultation.

Key Features of the Revised Draft Policy

- The College supports patient choice in setting treatment goals and in making health care decisions, and has no intention or interest in depriving patients of non-allopathic therapies that are safe and effective. As a medical regulator, the College does, however, have a duty to protect the public from harm.
- Thus, the object of this draft policy is to prevent unsafe or ineffective non-allopathic therapies from being provided by *physicians*, and to prohibit unprofessional or unethical physician conduct in relation to these therapies.
- Different operative terms have been adopted that were deemed to be value-neutral: 'Allopathic medicine' refers to traditional or conventional medicine (as taught in medical schools) and 'non-allopathic therapies' refer to complementary or alternative medicine.

- The draft policy applies to physicians who provide non-allopathic therapies; physicians whose patients pursue non-allopathic therapies; and physicians who form professional affiliations with non-allopathic clinics, therapies, or devices.
- The draft policy is founded on the general proposition that the tenets of good medical practice apply to allopathic and non-allopathic care equally.
- The draft policy sets more explicit expectations of physicians and greater protections of patients, by:
 - Explicitly prohibiting the exploitation of patients;
 - Requiring that clinical assessments and diagnoses meet the standards of allopathic medicine;
 - Requiring a reasonable connection between the patient's condition and the diagnosis AND between the diagnosis and the therapeutic option proposed;
 - Explicitly stating that patient consent will not discharge the sum total of physicians' obligations when recommending therapeutic options;
 - Requiring that therapeutic options must have a reasonable risk/benefit analysis, reasonable expectations of efficacy supported by evidence, and take into account the patient's social-economic status;
 - Prohibiting physicians from inflating or exaggerating the expected outcome from non-allopathic therapies or from misrepresenting the benefits of allopathic care.

Next Steps

The Working Group is seeking feedback from the profession, the public and other stakeholders on the revised draft policy. Your feedback will help us to assess the draft policy before it is finalized by Council. To ensure transparency and encourage open dialogue, the feedback we receive is posted on our website in accordance with our posting guidelines. See [posting guidelines](#).

All of the feedback received will be reviewed by the Working Group, the College's Executive Committee and Council before making any decisions about what is included in the final version of the policy. All feedback is carefully considered, even that which is not reflected in the final policy. When finalizing the policy content, the College will consider the extent to which your suggestions or comments represent the expectations of the profession, and are consistent with our mandate as a medical regulator.

Have Your Say

Complete a Brief Survey

AND/OR

Email: ComplementaryMedicine@cpso.on.ca

OR

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80 College Street
Toronto, ON M5G 2E2
Attention: Policy Department – Complementary Medicine

Deadline for comment is September 1, 2011