



## Position statement for the use of complementary and alternative medicines

### Purpose

This position statement provides guidance to Drug and Therapeutics Committees (DTCs) or equivalent, hospital policy makers and health professionals on the management and use of complementary and alternative medicines (CAM), which are not listed on the formulary, alongside conventional medical or surgical treatments.

### Scope

This document applies to patients taking a CAM, prior to being treated in a public hospital as an inpatient or in the ambulatory setting. If the CAM is initiated in hospital, local policies and procedures which relate to use of medicines should apply. This position statement will assist hospitals and health professionals comply with the requirements of the *National Safety and Quality in Health Service Standards*<sup>1</sup>, particularly Standard 4: Medication Safety.<sup>2</sup>

### Definition

Complementary and alternative medicines (CAM): In Australia, therapeutic products containing ingredients such as herbs, vitamins, minerals, nutritional supplements, homeopathic and certain aromatherapy preparations generally fall within the description of CAM.<sup>3</sup>

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| <b>1. Information, communication and documentation of a patient's use of any CAM are integral to their overall clinical management.</b> |
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All patients are encouraged to openly discuss their CAM use with relevant hospital health professionals to ensure that the effects of a CAM's continuation, dose change or discontinuation, can be considered as part of their overall therapy.

### Medication reconciliation

Details regarding a patient's use of a CAM should be actively sought on admission when obtaining a Best Possible Medication History and be available throughout the patient's hospitalisation. Details should be documented according to recommended medication reconciliation practices.<sup>2</sup> It is recommended all information regarding the CAM, including indication, dosage, frequency and the dates of initiation and/or discontinuation should be recorded in the patient's medical record, and discharge documentation. If continued during hospitalisation, the CAM should be prescribed on the medication chart.

At discharge, information regarding a patient's continued or discontinued CAM use should be recorded and provided to community-based health professionals caring for the patient. This should include, as appropriate, its purpose, dosage, duration, information regarding monitoring requirements, changes to CAM therapy during hospitalisation and reasons for change.

### **Patient information**

It is recommended health professionals inform patients of relevant clinical issues where possible, which may arise from their use of a CAM. This may include the potential impact of CAM continuation, discontinuation or dosage change on new and existing therapies (and vice versa) and, if likely, recommencement of CAM therapy when discharged.

Whenever possible, written information should be provided and supported by verbal information. Provision of verbal information should involve a two-way discussion with emphasis of information pertinent to the circumstances of the patient. Provision of information to the patients should be explicitly documented in the medical records.

### **Monitoring of CAM**

Patients should be monitored for therapeutic impact (both effectiveness and harm) if a CAM is continued or discontinued during admission with relevant documentation made. Patients may experience adverse effects from the direct use of a CAM or as a result of drug interactions with other medicines.

Adverse drug reactions (ADR) should be reported to the [Therapeutic Goods Administration](#) and local ADR procedures should also be followed.

## **2. Health professionals should apply an evidence based approach when considering the continuation of a CAM.**

Currently available scientific knowledge of CAM does not always substantiate the judicious, appropriate, safe, or effective use of these therapies. Interactions with conventional medicines or surgery are often unknown, and patient safety may be compromised when they are used in combination. For instance, the NHMRC have recently released a statement on the lack of efficacy of homeopathic therapies.<sup>4</sup>

A person's right to self-determination in medical treatment<sup>5</sup> needs to be balanced with the professional judgment of medical, nursing and pharmacy staff to ensure that the person is not placed at risk of harm. Hospital continuation of a CAM may be acceptable in an individual patient after assessment of the scientific evidence. Robust assessment processes should be applied and align with those followed for any non-formulary medicine including assessment of comparative safety, efficacy and costs of the treatments, potential for interactions, and monitoring requirements within the context of the acute episode of care for each patient.

In the absence of evidence of any clinical benefit, continued CAM use may be acceptable if the treating team considers that the available evidence indicates no risk of harm. If the CAM is to be continued for individual use, CAM should be managed in line with existing local policies, i.e. in the same way as for other inpatient, non-formulary medicines. It is recommended the CAM should be prescribed on the medication chart. Local policy governing the use of a patient's own medicines should also be applied.

While the treating team may endorse the continued use a patient's CAM during an inpatient admission, where the treatment has not been shown to have adequate evidence of efficacy, safety, and cost-effectiveness for addition to the hospital formulary, the hospital is not obliged to provide supply of that CAM. The use of the patient's own supply should be in accordance with local policies regarding the use of patient's own non-formulary medicines.

## Promotion of CAM

Targeted promotion or marketing of CAM to patients during hospitalisation by any person should be prohibited. Health professionals should not promote the prescription or use of any medicine or therapeutic product by patients, while under the care of the hospital, without evidence of effectiveness and safety; or where there may be an unacceptable risk of harm.

### 3. Minimise risk when CAM therapy is continued without the treating team's consent.

Where a CAM has been legally obtained, hospitals cannot legally prevent CAM being brought into hospital by patients' carers, relatives or friends or enforce their removal. Although hospital policy may prohibit self-administration of CAM and other patient's own medicines, hospital staff cannot effectively prevent self-administration of CAM by patients if they are so determined.

#### Risk management

Processes should be in place to minimise risk of harm to the patient, hospital staff and the hospital if a patient chooses to continue a CAM while hospitalised, without the treating team's agreement. It is recommended that full documentation of the nature of CAM use in these circumstances is entered in the medical record. This should include information about advice given, any changes to therapy, and the decision of the patient. Adequate monitoring and communication remain essential.

Notwithstanding the above, patients should be made aware that continued use of any unendorsed CAM therapy, whilst an inpatient, is at their own risk.

When the treating team considers a CAM may have potential adverse effects, it may be appropriate to ask the patient to sign a written acknowledgment form. This would inform the patient of the potential adverse effects and indicate that the treating team does not endorse the patient's use of CAM during their hospitalisation.

Hospital staff should not be involved in the procurement or administration of unendorsed CAM. However, to minimise risk of harm and, in so far as hospital staff can ensure, CAM labelling, storage and any self-administration should be in accordance with local hospital policies.

Hospitals should maintain current local policies on the use of non-formulary and patient's own medicines to guide the safest possible use of CAM. CATAG's [Achieving effective medicines governance. Guiding principles for the roles and responsibilities of Drug and Therapeutics Committees in Australian public hospitals](#) provides further information.

## Glossary

**Adverse drug reaction:** a drug response that is noxious and unintended and that occurs at doses normally used or tested in humans for the prophylaxis, diagnosis or therapy of disease, or for the modification of physiological function.<sup>1</sup>

**Best Possible Medication History:** A list of all the medicines a patient is taking prior to admission (including prescribed, over the counter and complementary medicines) and obtained from interviewing the patient and/or their carer where possible and confirmed using a number of different sources of information.<sup>2</sup>

**Drug and therapeutics committee (DTC):** the group assigned responsibility for governance of the medication management system, and for ensuring the safe and effective use of medicines in the health service organisation.<sup>2</sup> These may also be known as a medicines advisory committee, pharmacy and therapeutics committee, drug committee, drug and therapeutics advisory committee or quality use of medicines committee.

**Formulary:** A continually updated list of medications and related information, representing the clinical judgment of physicians, pharmacists, and other experts in the diagnosis, prophylaxis, or treatment of disease and promotion of health. A formulary includes, but is not limited to, a list of medicines and medicine-associated products or devices, medication-use policies, important ancillary drug information, decision-support tools, and organisational guidelines.<sup>6</sup>

**Health professional:** For the purpose of this guidance, health professional includes nurses, midwives, medical practitioners, pharmacists and other individuals deliver health care.<sup>7</sup>

## References

1. Australian Commission on Safety and Quality in Health Care. National safety and quality health service standards. Sydney: ACSQHC; 2011.
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3. TGA. Complementary medicines. <https://www.tga.gov.au/complementary-medicines>
4. National Health and Medical Research Council. 2015. *NHMRC Information Paper: Evidence on the effectiveness of homeopathy for treating health conditions*. Canberra: National Health and Medical Research Council; 2015
5. Australian Charter of Healthcare rights. <http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/Charter-PDF.pdf>
6. American Society of Health-System Pharmacists. ASHP guidelines on the pharmacy and therapeutics committee and the formulary system. *Am J Health Syst Pharm*. 2008;65:166-75.
7. Australian Commission on Safety and Quality in Health Care. Antimicrobial stewardship in Australian health care. Sydney: ACSQHC; 2018.

## **How this position statement was developed**

Position statements are intended to provide short summarised best practice recommendations to hospital DTCs using a consensus development model. The position statements are written so they are able to be adapted to local environments.

This position statement was developed in consultation and with the agreement of CATAG member organisations listed below:

- Canberra Health Services
- Clinical Excellence Commission
- NSW Therapeutic Advisory Group (NSW TAG)
- Northern Territory Drug and Therapeutics Committee
- Queensland Health Medicines Advisory Committee (QHMAC)
- South Australian Medicines Advisory Committee (SAMAC)
- Tasmanian Medicines Access and Advisory Committee (TMAAC)
- Victorian Therapeutics Advisory Group (Vic TAG)
- Western Australian Therapeutics Advisory Group (WATAG)

During the development of this CATAG document, member organisations undertook consultation, at various stages, with their wider constituents, including hospital DTCs, hospital pharmacy departments and clinicians.

## **Disclosure**

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Council of Australian Therapeutic Advisory Groups

Email: [project.offiver@catag.org.au](mailto:project.offiver@catag.org.au)

Web: [www.catag.org.au](http://www.catag.org.au)