



Complementary & Alternative Health Care

A Guideline for
Registered Nurses and
Nurse Practitioners



College of

**REGISTERED NURSES
OF NOVA SCOTIA**

Setting the Standard for Care.

Introduction

The growing use of complementary and alternative health care (CAHC) reflects a fundamental change in society's orientation to health and healing. More commonly referred to internationally as complementary and alternative medicine, CAHC is an umbrella term used to describe numerous therapies including acupuncture, chiropractic, naturopathy, massage, herbal medicine, yoga and healing touch. The term CAHC has been adopted by Health Canada to reflect the use of these treatment modalities from a Canadian policy context (Adams, Lui, Sibbritt, Broom, Wardle, & Homer, 2011; Health Canada, 2003).

For the purposes of this guideline, “‘complementary’ practices are used alongside mainstream health care while ‘alternative’ practices are used in place of mainstream health care practices” (CRNBC, 2013).

This document will assist registered nurses (RNs) and nurse practitioners (NPs) to understand the implications of CAHC for nursing practice and be aware of their professional and legal responsibilities in relation to the implementation of complementary and alternative therapies.

CAHC and Nursing Practice

Although the growing use of CAHC would appear to indicate that users and practitioners believe they are beneficial, the evidence supporting the clinical effectiveness of these therapies remains controversial (Frass, Strassl, Friehs, Mullner, Kundi, Kaye, 2012). This has been attributed to limitations created by using randomized controlled trials as the benchmark for accepting medical treatments and interventions, including CAHC (Golden, 2012). Despite this lack of conclusive evidence, registered nurses and nurse practitioners must ensure that they are knowledgeable about the therapeutic benefits, side effects, contraindications, and potential interactions with a client's existing treatments and medications when they are caring for clients who use CAHC.

For more information on the administration of medication, please access the [CRNNS Medication Guidelines for Registered Nurses](#).

Ethical and Professional Responsibilities

RNs and NPs have an accountability to provide evidence-informed, safe, competent, and ethical care to their clients. This applies to the traditional nursing interventions associated with western medicine, as well as to complementary and alternative therapies listed above. RNs and NPs need to assess and gather information about the treatments that their clients are using or express an interest in using and work collaboratively with other health providers to provide sound evidence and information about the risks and benefits. In addition, RNs and NPs must also possess the competencies (knowledge skills and abilities) required before performing any CAHC therapy.

When caring for clients who are using or seeking information about CAHC, RNs and NPs must provide information based on best evidence to help the client make an informed decision, as they would with any other intervention, therapy or medication. This may be difficult at times because of a lack of evidence available for some CAHC therapies or the personal beliefs of the providers involved in caring for the client. RNs and NPs must seek reliable sources of evidence to share with clients to support their decision.

When there is a conflict between client and provider values and/or opinions about treatment options, RNs and NPs must apply principles from the Code of Ethics for Registered Nurses (Canadian Nurses Association, 2008) in framing their discussions with their clients. According to the Code of Ethics:

in health care practice, values may be in conflict. Such value conflicts need to be considered carefully in relation to the practice situation. When such conflicts occur, or when nurses need to think through an ethical situation, many find it helpful to use an ethics model for guidance in ethical reflection, questioning and decision-making (p.4)

When providing care to clients who are using or are interested in using CAHC, RNs and NPs must follow their standards of practice; specifically those that relate to:

- respecting client diversity¹
- respecting a client's right to informed consent²
- Decision-making and optimizing the client's role in the care process³

In addition, when NPs prescribe or refer clients for CAHC they are accountable to meet the [CRNNS Nurse Practitioner Standards of Practice](#) related to responsibility and accountability⁴ and prescribing⁵ (CRNNS, 2014). Finally, RNs and NPs must integrate current evidence about CAHC therapies, including potential benefits or risks of a particular therapy, when creating a plan of care for their clients.

Guidelines for RNs and NPs

RNs and NPs must:

- obtain a comprehensive client history, including any CAHC the client are presently using
- consider medical indications, client preferences, quality of life and contextual factors (e.g. family issues, cultural beliefs, determinants of health, etc.) when discussing CAHC
- assist the client in obtaining information to support informed decisions about their desired CAHC therapy in an unbiased way
- respect the client's right to choose their treatment, ensuring that the client understands implications of CAHC on any existing diagnoses, including interactions with any existing treatments
- ensure that clients consent to treatment and that their consent is "informed."
- communicate with other healthcare team members through collaboration and consultation about proposed CAHC
- document all discussions with the client, including information provided, recommendations, therapies chosen and follow up plan (CRNBC, 2013)
- follow organizational and/or employer policies related to the use and/or provision of CAHC in their practice setting.

1 RN Standard 2.7 Respecting diversity and promoting cultural competence and a culturally safe environment for clients and members of the health care team.

2 RN Standard 3.6 Respecting and promoting clients' rights to informed decision-making and informed consent.

3 RN Standard 3.9 Optimizing the client's central role in their care.

4 NP standard 1.1 Practise according to ethical, legislative and professional standards that reflect their increased level of responsibility, accountability and scope of practice

5 NP Standard 5.1 Prescribe medications according to ethical and professional standards, federal/provincial/territorial legislation, regulations and policies, and organizational policies

Is CAHC “Nursing Practice”?

The [Registered Nurses Act \(2006\)](#) defines both the practice of nursing and the practice of a nurse practitioner. Prior to providing any CAHC therapy, the RN or NP must determine whether the therapy falls within the legislated definition of the practice of nursing or the practice of a nurse practitioner.

For a CAHC therapy to be considered within nursing practice or the practice of a nurse practitioner, the RN or NP must do the following when providing this therapy:

1. engage in the nursing process (assessment, planning, implementation and evaluation)
2. develop a nursing plan of care which includes the and delivery of this therapy and
3. use their nursing education and experience in the provision of the therapy.

For example, it is considered nursing practice when an RN or NP provides acupuncture for pain management based on a comprehensive nursing assessment and development of a plan of care.

There are a number of services that are not consistent with the definition of nursing when performed in isolation of other client care services. For example, an RN may be hired as a massage therapist; however, if the massage therapy is provided without using the nursing process and a nursing plan of care is not developed then it would not be considered nursing practice

In the event that a CAHC therapy does not meet the three criteria listed above, an RN or NP can still provide this service, however they cannot:

1. indicate to a client that they are providing nursing services,
2. represent themselves as an “RN” or “NP” while providing the particular therapy, and
3. count these hours as RN or NP hours.

If an RN or NP is unsure as to whether a particular CAHC therapy falls within the definition of nursing practice or the practice of a nurse practitioner, they can contact the College of Registered Nurses of Nova Scotia.

If you are considering initiating CAHC as part of a self-employed practice, please refer to the CRNNS document entitled [A Guide for Self-Employed Registered Nurses](#).

Conclusion

Registered nurses and nurse practitioners can be actively involved in the delivery of CAHC therapies or simply help clients access appropriate information and make treatment decisions. Regardless of their role, RNs and NPs must be well informed and possess the appropriate knowledge and skills to provide safe care. Having evidence-informed knowledge of potential benefits and risks of particular therapies is crucial. As RNs and NPs strive to provide comprehensive care for their clients, they must always ensure that they practise CAHC within the context of a nursing framework and within their standards of practice and code of ethics.

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