Complementary and Alternative Medicines (CAM) Guidelines for Western Australian Public Hospitals

April 2017
The WATAG Complementary and Alternative Medicine Guidelines may be updated at regular intervals. For the latest version of this document, please visit: http://www.watag.org.au/watag/publications.cfm

“Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia”.

For further details please contact:
Western Australian Therapeutic Advisory Group
Office of the Chief Medical Officer
Western Australian Department of Health
189 Royal Street, East Perth, Western Australia 6004
Tel: (08) 9222 6450
Email: WATAG@health.wa.gov.au
Web: http://www.watag.org.au/home/

Suggested Citation:
WA Complementary and Alternative Medicine Guidelines, April 2017
Perth: Department of Health, WA.
Copyright © 2017

Acknowledgments
The Western Australia Therapeutic Advisory Group (WATAG) acknowledges the input of all individuals and groups who have contributed to the development of the inaugural WA Complementary and Alternative Medicine Guidelines. WATAG acknowledges:

• The review work undertaken by members and associates of the Western Australian Medication Safety Group (WAMSG)
• Gail Rowan and Sally Brooks from the Peter MacCallum Cancer Centre in East Melbourne
• The initial work carried out by the Council of Australian Therapeutic Advisory Groups (CATAG) in drafting ‘Position statement for the use of complementary and alternative medicines’.
• Gillian Babe for detailed input into drafting of the guideline
• Dr David Joske, Chairman and founder of the Solariscare Foundation
1. BACKGROUND

Ensuring a favourable risk/benefit relationship for all therapeutic goods used in WA Health is a key component of health policy. Australia’s National Medicines Policy aims to improve positive health outcomes for all Australians through their access to and wise use of medicines including prescription and non-prescription products.

Complementary and Alternative Medicines (CAM) are popular, self-prescribed (or CAM practitioner recommended) treatment options used by patients. A survey conducted by NPS MedicineWise in 2008 revealed that 65 per cent of Australians had used one or more complementary medicines in the previous 12 months. Many Australians who use complementary medicine do not disclose this information to their treating clinicians. This presents a challenge for WA Health staff engaging with consumers who choose to use complementary therapies.

There is a substantial disparity between consumer beliefs around CAM, and the evidence supporting their safety and effectiveness. Many CAM are promoted as being ‘natural’ or ‘herbs’ which may be interpreted by some consumers to mean that they are ‘safe’.

Benefits purported for many CAM are far in excess of the available scientific evidence and information about adverse effects and potential for interaction with conventional medicines is often lacking.

There is also the significant risk that consumers who take CAM may avoid or abandon conventional medicines diminishing their chances of recovery or cure.

Consumers may also not be aware that most therapies with ‘proven’ substantial clinical benefits are incorporated in healthcare systems as ‘evidence-based’ conventional medicines.

Use of CAM can be ineffective, or associated with risks. With regards to homeopathy, the National Health and Medical Research Council (NHMRC) have recently issued a position statement that concludes: there are no health conditions for which there is reliable evidence that homeopathy is effective. Homeopathy should not be used to treat health conditions that are chronic, serious, or could become serious. People who choose homeopathy may put their health at risk if they reject or delay treatments for which there is good evidence for safety and effectiveness.

Effective partnerships with consumers and carers exist when they are treated with dignity and respect, when information is shared and when participation and collaboration in healthcare processes are encouraged and supported to the extent that consumers and carers choose.

Generally, non-formulary CAM should be handled in accordance with local policy governing supply of non-formulary conventional medicines. This separate guideline provides information and advice to support local policy.
2. PURPOSE AND SCOPE

The purpose of this guideline is to provide advice on inpatient use of CAM when patients are admitted to WA public hospitals.

Complementary and Alternative Medicines (CAM); also known as "traditional" or "alternative" medicines are defined by the Therapeutic Goods Administration (TGA) as therapeutic agents consisting principally of one or more designated ingredients, each of which has a clearly established identity and/or a traditional use. The TGA definition includes vitamins, minerals, nutritional supplements, herbal, certain aromatherapy preparations, homoeopathic products and traditional Chinese medicine.

This guideline is only concerned with non-formulary CAM. It does not apply to non-medicinal complementary therapies such as acupuncture, chiropractic manoeuvres and most aromatherapies.

3. GUIDELINE

Patients should be encouraged to openly discuss their CAM use with the treating team. Use of CAM should be documented in the Medication History. This requires WA Health staff obtaining the ‘Best Possible Medication History’ and conducting Medication Reconciliation to explicitly enquire about patients’ use of CAM.

Medical, nursing and pharmacy staff should seek to ensure patients are empowered to make informed choice; to minimise risk of harm. Hospital clinicians and pharmacists should endeavour to educate patients about the lack of evidence for benefits of CAM use. They should inform patients of the often unknown, but potential risk for CAM to interact with conventional medicine, therapy, surgery and other interventions, the limits of their ability to predict impact of CAM and the limits of their responsibility with respect to CAM related impacts or outcomes. Patients should also be informed of any possible effects known to hospital clinicians which may result from ceasing and/or recommencing CAM therapy. Notwithstanding this, a person’s right to self-determination in medical treatment should be respected by WA Health staff. Particular clinical areas (e.g. oncology and palliative care) may need to consider use of CAM by their patients more frequently than other clinical areas.

Hospital clinicians should promote the use of medicines (conventional or CAM) with evidence of safety and efficacy, including evidence of quality of the preparation, and compatibility with other medications. For these reasons it is not generally recommended that CAM be used whilst WA Health clients are inpatients. Individual circumstances may present where a CAM may be accepted for use. In these instances and at the discretion of the treating consultant, a CAM may be written on the medication chart and administered by health service staff. If the CAM is deemed to have an unfavourable risk-benefit ratio, remains unidentified, or the quality of the product is uncertain it should not be accepted.
In-patient CAM use by WA Health patients can be either

i. Accepted by the treating consultant:
The CAM should be written on the National Inpatient Medication Chart (NIMC) and stored and administered by hospital staff as for any other ‘prescribed’ medicine. Patients should organise their own supply of the accepted CAM.

ii. Against the advice of the treating consultant:
CAM that is being used at the patient’s own risk and against medical advice should be highlighted and recorded in the patient’s medical record. A means of recording CAM that is self-administered by patients against medical advice should be considered (see below). Patients should organise their own supply and store and self-administer the CAM as per local hospital policy.

Use of CAM in the hospital setting should meet all requirements of the existing hospital frameworks that guide use of conventional medicines. Hospitals are responsible for the safe administration of medications to patients however it is recognised that it may not be possible for health service staff to:
• legally enforce removal of CAM brought into hospital by patients,
• effectively prevent medicines being brought into hospital by patients/carers, or
• effectively prevent self-administration by patients/carers if they are determined to do so.

Thus this guideline does not replace the need for the application of clinical judgement to each individual presentation.

3.1 Patient continues to use CAM that is NOT accepted by the treating consultant
• If the patient decides to continue to use a CAM that is not accepted by the treating consultant, they must be made aware that continued use whilst an inpatient is at their own risk. Processes must be put in place to minimise risk to the patient, other patients, and hospital staff.
• CAM that are not accepted should be supplied, stored and self-administered by patients as per local hospital policy. An alternative means of recording patient supplied and self-administered CAM should be considered for example a written statement on the WA Medication History and Management Plan (WAMHMP) or similar document.
• Patients should be monitored for therapeutic effect, adverse events and interactions with other medicines as per standard care when prescribing and administering conventional medicines.
• Any adverse events relating to the CAM use must be documented and an Adverse Event report forwarded to the Therapeutic Goods Administration (TGA) (via the pharmacy department) https://www.tga.gov.au/publication/reporting-adverse-drug-reactions
• All discussions should be documented in the patient’s medical record.
4. ROLES AND RESPONSIBILITIES

4.1. Patient/carer

- Notify the treating team of any CAM the patient has been receiving prior to admission and those they intend to continue using during hospitalisation. If necessary supply information about the CAM for it to be recorded in the patient’s medical record, including the contact details of where they obtained the CAM or the CAM practitioner.
- If the CAM is accepted by the treating consultant patients should organise their own supply.
- If the CAM is taken against the advice of the treating consultant, patients should organise their own supply and store and self-administer the CAM as per local hospital policy.

4.2. The treating team

- On admission a member of the treating team should ask all patients about use of CAM as part of the best possible medication history process. Medical, nursing and pharmacy staff should enable patients to make informed choices about CAM.
- Discussions and advice given to the patient regarding the ‘unproven’ nature of CAM should be documented in the patient’s medical record.
- CAM use by patients should be documented on the patient’s WAMHMP or similar document in the relevant section.
- Monitor the use of any CAM taken by the patient during hospitalisation for potential adverse effects and manage and document these appropriately.
- CAM use during hospitalisation should be communicated to the patient’s general practitioner, noting any adverse effects observed during the admission, details of the CAM the patient wishes to continue using after discharge and any follow-up required post-discharge.

4.3. Treating consultant

- If the impact of using a CAM is unknown or if it is considered harmful, the treating consultant should ask the patient/carer to consider stopping the CAM or suspend use whilst they are an inpatient.
- Prior to a CAM being accepted and written on the NIMC and administered by WA Health staff, in consultation with pharmacy determine if a patient’s own supply is (or will be) suitable for use (i.e. sufficiently labelled and characterised).
- Document discussions and advice given to the patient in the patient’s medical record.
5. COMMONLY SUPPLIED CAM

Anecdotally, commonly supplied CAM within scope of this guideline (i.e. non-formulary) include “mega dose” vitamins, and agents such as fish oil, coenzyme Q10 and St John’s Wort.

Recent Australian data from an oncology setting suggest consumers consider use of a large number of CAM. Common enquiries regarding the safety of CAM (excluding vitamins and minerals) in combination with conventional treatments (chemotherapy, radiotherapy and surgery) related to fish oil, turmeric, coenzyme Q10, milk thistle, green tea, ginger, lactobacillus, liquorice, astragalus and reishi mushroom. All of these CAM have potential interactions with conventional therapies.

6. GLOSSARY

Conventional Medicines
These are ‘evidence-based’ therapies that have been scientifically tested and proven to be safe and effective for treating disease. They are also known as mainstream or orthodox medicines.

Complementary and Alternative Medicine
Complementary and Alternative Medicines (CAM); also known as “traditional” or “alternative” medicines are defined by the Therapeutic Goods Administration (TGA) as therapeutic agents consisting principally of one or more designated ingredients, each of which has a clearly established identity and/or a traditional use. The TGA definition includes vitamins, minerals, nutritional supplements, herbal, certain aromatherapy preparations, homoeopathic products and traditional Chinese medicine.

Australian Therapeutic Goods Act, 1989 Listed and Registered Goods
Australian products for human medicinal use in public hospitals must be recorded on the Register of Therapeutic Goods under the Therapeutic Goods Act of 1989 in one of two categories:

- **Listed Goods (allocated with an Aust L number)**
  Medicines which have been accepted as being of low public health concern and have indications consistent with the Therapeutic Goods Advertising Code are ‘listed’ on the Register. Listed goods include many vitamins, mineral, herbal and homoeopathic products.

- **Registered Goods (allocated with an Aust R number)**
  These are medicines that are assessed for safety, quality and efficacy and those which are specified by the Therapeutic Goods Act as being of some public health concern. They include all prescription-only medicines and many over-the-counter products.

National Inpatient Medication Chart (NIMC)
A suite of nationally standard medication charts, both paper and electronic, that present and communicate information consistently between healthcare professionals providing care to patients on the intended use of medicines for an individual patient.

Treating team
The treating team is the multidisciplinary healthcare team which includes medical and nursing staff, pharmacists and other healthcare professionals.
7. REFERENCES

   (accessed February 2016).

   (accessed February 2016).


4. National Health and Medical Research Council
   (accessed February 2016).

5. Standard 2: Partnering with Consumers. The Commission for Safety and Quality in Health Care
   (accessed February 2016).

   (accessed February 2016)

7. Get it right! Taking a best possible medication history NPS MedicineWise:
   http://learn.nps.org.au
   (accessed February 2016).

8. Rowan G, Brooks S, Michael M. Potential interactions and issues associated with the use of CAM commonly used in the cancer population
   (accessed February 2016).
8. ADDITIONAL RESOURCES

The following web links may be of assistance to provide information for the support (or not) of a CAM:

- Cochrane Library: [http://www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/HOME](http://www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/HOME)

- *Talking with your patients about Complementary Medicine* - a resource for Clinicians
  NHMRC April 2014


APPENDIX

Complementary and Alternative Medicines (CAM) use in WA public hospitals flow chart

It is envisaged that most CAM will be suspended on admission following discussion with a member of the treating team. In rarer circumstances e.g. in palliative care, the decision for patients to continue to take CAM whilst in hospital may need to be referred to the treating consultant. All discussions between the treating team and the patient about CAM use and the decisions of the treating consultant should be documented in the patient’s medical record.

A member of the treating team should ask all patients about use of CAM as part of the best possible medication history. Medical, nursing and pharmacy staff should enable patients to make informed choices about CAM with respect to knowledge about ‘proven’ conventional medicines as opposed to ‘unproven’ CAM. Notwithstanding this, a person’s right to self-determination in medical treatment should be respected by WA Health staff.

Does the patient wish to continue to take the CAM whilst in hospital?

- **NO**
  - CAM is suspended whilst patient is undergoing treatment. After being documented on the Western Australian Medication History and Management Plan (WAMHMP), the CAM should be given to a relative or carer to take home. If this is not possible, the CAM should be stored as per local hospital policy.

- **YES**
  - Is the CAM a safe and verifiable product? Does the treating consultant accept the continued use of the CAM whilst the patient is in hospital?
    - **NO**
      - CAM is taken against the advice of the treating consultant. Highlight and record in the patient’s notes that CAM is being used at the patient’s own risk and against medical advice. A means of recording CAM that is self-administered by patients against medical advice should be considered. Patients should organise their own supply and store and self-administer the CAM as per local hospital policy.
    - **YES**
      - Continued CAM use is accepted by the treating consultant. The CAM should be written on the National Inpatient Medication Chart (NIMC) and stored and administered by hospital staff as for any other ‘prescribed’ medicine. Patients should organise their own supply of the accepted CAM.

WATAG | Western Australian Therapeutic Advisory Group
This document can be made available in alternative formats on request for a person with a disability.

© Department of Health 2017

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.