

# Council of Australian Therapeutics Advisory Groups (CATAG)

## Guiding Principles

### For the Use of Complementary and Alternative Medicines in Hospitals

#### Introduction

Hospitals do not promote the use of substances without any proven benefit, or which may cause unexpected morbidity. While acknowledging the significant use of complementary and alternative medicines (CAM) within the Australian community, the safety, quality, efficacy and appropriateness of these therapies cannot always be confirmed. In addition, interactions with prescribed medications are largely unknown, and patient safety may be jeopardised when they are used in combination. Hospitals have a duty of care to patients and staff to ensure a favourable risk:benefit relationship and for therapeutic goods used within the hospital. Patients in this context include the foetus and breast-feeding infant.

In general, hospitals do not support the use of CAM by inpatients. However it is acknowledged that patients may wish to continue CAM whilst admitted. These guidelines offer a position for hospitals to assist medical, nursing and pharmacy staff appropriately handle patient requests to use CAM during admission to hospital.

#### Definition

CAM include vitamin and mineral supplements, herbal medicines, other nutritional supplements, traditional medicines such as ayurvedic and Chinese medicines, homoeopathic medicines and aromatherapy oils. CAM do not include off-label use of medicines (i.e. prescription of registered medicines for use that has not included in the approved Product Information or which is disclaimed in the Product Information), or proscribed (illicit) drugs.

#### Aim

To provide guidelines on the management and use of CAM alongside conventional medical or surgical treatments for patients admitted to Australian hospitals.

#### Scope

These guidelines apply to CAM which are not listed on the relevant hospital formulary and the patient or their guardian requests that their use be continuing during admission.

Under these circumstances, it is recognized that hospitals cannot,

- a) legally enforce removal of medicines brought into hospital by patients, nor effectively prevent medicines being brought into hospital by patients' legal guardians, relatives or friends,
- b) effectively prevent self-administration by patients if they are determined to do so.

These Guiding Principles were adapted from a SATAG Policy Statement *Handling of Patient Requests for the Use of Complementary and Alternative Medicines in South Australian Public Hospitals*, January 2008.

## Guiding principles

1. A person's right to self-determination in medical treatment needs to be balanced with the professional judgement of medical, nursing and pharmacy staff to ensure that the person is not placed at risk of harm.
2. Information regarding a patient's use of CAM should be actively sought upon admission to hospital and recorded in the medication history.
3. Hospitals do not support the use of CAM by inpatients while under the care of the hospital and will generally not initiate CAM for inpatients. If the patient agrees, the use of CAM should be ceased whilst admitted.
4. Hospitals should endeavour to educate patients in regard to the issues relating to the use of CAM.
5. In all circumstances, the doctor should ensure that the advice given to the patient regarding the use of CAM is clearly documented in the patient's medical record, including the decision of the patient and any changes to therapy.
6. Information regarding a patient's use of CAM should be recorded with the patient's discharge summary.
7. Where use of CAM is noted (e.g. medication history, discharge summary), a full description of the product including active ingredient(s), brand name, strength and dosage should be recorded.
8. CAM may be prescribed at the discretion of the treating medical practitioner. All prescribed CAM are to be documented and administered as for conventional prescribed medicines, according to standard hospital procedures, with inclusion on the medication chart.
9. The hospital's Medication Information Service should be consulted regarding available CAM safety and efficacy data, where appropriate.
10. Self-administration of CAM is generally not supported. However, in exceptional circumstances, hospitals may allow self-administration of CAM by inpatients following clinical review of the safety implications and on the written instruction of the treating medical practitioner.
11. CAM prescribed and administered in hospital should carry an Aust L or Aust R number on the label indicating that the product is listed or registered on the Australian Register of Therapeutic Goods (ARTG).
12. Adverse drug reactions or interactions involving CAM should be reported to the Adverse Drug Reaction Advisory Committee (ADRAC) in the same manner as conventional medicines. In addition, the same hospital procedures for handling suspected adverse drug reactions or interactions should be applied to both CAM and conventional medicines.
13. Hospital staff should not to be involved in the administration of CAM, unless the CAM has been prescribed. Hospital staff should not assist with the procurement and use of non-prescribed CAM. The patient/legal guardian is responsible for the provision and cost of CAM prescribed. Resources of the hospital should not be used to support the procurement or use of CAM.
14. During pregnancy or breastfeeding, the safety of the foetus/infant is paramount. If a CAM is to be taken, data on the safety of the product in these situations will need to be ascertained.
15. Targeted promotion or marketing of CAM to patients by any person in any hospital should be prohibited.