



Saskatchewan Registered Nurses' Association

**Complementary and Alternative Therapies:
Role and Responsibilities of
the Registered Nurse**

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Preamble

Increasingly nurses have contacted the Saskatchewan Registered Nurses' Association (SRNA) with questions about:

- whether it is appropriate for a registered nurse to provide complementary and alternative therapies,
- when is it recognized as nursing practice,
- what parameters/criteria exist to guide nurses when faced with these issues, and
- what is the role and responsibility of a registered nurse in administering alternate drugs or experimental drugs.

Within this document we will explore these issues and provide advice and guidelines that will protect the public interest and support nurses.

Introduction

The use of alternative and complementary therapies by Canadians is widespread and growing in popularity among the general public although the actual rate of use is currently unknown. One American study found that one in three respondents used at least one alternative therapy within the year of the survey. Consumers choose alternate and complementary therapies with a sincere belief that the therapy will promote, cure or improve health. A review of the literature indicates the following main themes as reasons why clients have made this choice:

- **Influence** of a social group endorsing an alternate or complementary practice;
- **Anger** directed at the medical system for bungling or delaying diagnosis;
- **Fear** of the disease, the treatment, or possible death;

- Desire for **control** of health situation;
- **Cost** considerations, especially if the cost was minimal;
- **Stress** related to disease process;
- Dissatisfaction with the impersonal way they are treated by the medical system;
- Dissatisfaction with the lack of positive outcomes for treatment by Western medicine, particularly in chronic disease;
- Dissatisfaction with the reductionistic fragmentation of care in the biomedical system.

Consumers exhibit a degree of credulity or trust in regulated professionals that they would never display when purchasing a car or other consumer product. Nurses having enhanced public trust as members of a regulated profession have an added responsibility to (1) protect the safety of clients, and (2) not abuse that trust.

A nurse's responsibilities in administering alternative and complementary therapies is based on the Code of Ethics, the standards of nursing practice and other codes/standards and guidelines that lead to the provision of competent, safe and ethical client care.

From reviewing the literature, the following definitions will be used:

- *alternative therapies** are treatments or interventions that are not within the mainstream of convention Western (allopathic) medicine. The majority of the alternative therapies have not been validated in the traditional scientific approach. These therapies frequently include health practices that are used by particular cultural groups or healing modalities which have been used more commonly in other countries, such as herbal or homeopathic remedies. Alternative therapies may also include conventional treatments that are used for unconventional purposes such as high doses of vitamin therapy.
- *complementary therapies** are alternative therapies which have gained some acceptance with Western medicine.

The Role of the RN and Complementary and Alternative Therapies

There is growing interest in using complimentary and alternative therapies in nursing practice, including considerable research activity to investigate their effectiveness. The nursing profession recognizes that complimentary and alternative therapies may play a role in treating physical, as well as the psychologic and spiritual sequelae to an illness. Nursing practice can supplement the best of traditional health care practices with the best and appropriate complimentary and alternate therapies to activate healing and augment the effects of drugs, surgery and technologic therapies.

In situations where the client asks the nurse to perform an act that has an unknown risk, **the nurse must refuse to follow the client's wishes if she/he has reason to believe it may cause harm**; based on the evidence-based research. The nurse is expected to share her/his reasons for this decision with the client. Nurses are not legally obligated to participate in alternative or complementary therapies. **Nurses are at all times accountable and responsible for their actions** whether they are directly administering or assisting with the administration of any therapy. **Individual registered nurses should not perform any therapy for which they do not feel competent.**

The RN as a Provider of Complementary and Alternative Therapies

To decide whether to assume responsibility for performing a complementary or alternative therapy, or participating in the provision of a therapy, including experimental investigations of drugs, it is

expected that the nurse would consider each of the following principles

1. Registered nurses must:
 - understand the purpose of the therapy - including indications and contraindications, risks and expected outcomes - to assess whether, from a nursing perspective, it may be appropriate for that client.
 - where applicable, have the necessary credential.
 - have the necessary competence to perform the therapy.

- be able to manage any expected or unexpected outcomes of the therapy, or have in place mechanisms for back-up support and transfer of care in the event of unexpected outcomes that are beyond the nurse's ability to manage.
 - document the care.
 - practice within a nursing framework.
2. The registered nurse must determine whether the therapy is valid by using evidence-based research as a guide for decision-making.
 3. The registered nurse practicing complementary and alternative therapies must be practicing within his/her legally authorized nursing scope of practice and must be authorized to provide that particular service in the organization or agency employing the registered nurse.
 4. The proposed therapy must not be prohibited by law in Canada and/or the provincial jurisdiction.
 5. The client must have given informed consent* to the proposed therapy.
 6. The administration and management of medications requires that registered nurses have access to a pharmacist and current drug references and information such as the CPS. All adverse reactions must be reported to the physician and the pharmacist.
 7. The registered nurse must understand her/his own professional accountability and function in accordance with recognized standards of practice, acts and guidelines. The nurse is accountable for determining the appropriateness of providing a particular therapy, given the client's health status, and for the competent provision of that therapy. The public expects that nurses will provide competent, safe and ethical care.

8. The title RN means the individual is licensed to practice nursing. Individuals engaged in non-nursing activities are not practicing nursing. Registered nurses should not use the title RN to suggest they are capable of practicing in areas other than nursing or to gain credibility in situations clearly unrelated to nursing. The registered nurse must ensure there is no professional conflict of interest. The RN title should not be used to publicly endorse, promote or advertise commercial products.

RN Working with Clients Involved in Alternative and Complementary Therapies

Self-care is the oldest form of health care. The term refers to the decisions and actions initiated and controlled by the individual and/or his/her family. Clients must be encouraged to make the health team aware of their use of any complementary and alternate therapy. Clients must feel that the choice is theirs but know that monitoring all therapies for effects and safety is critical. The health team should present scientific evidenced-based information regarding the alternate and complementary therapy in relation to the overall health plan.

The nurse must:

- Ask the client about the use of complementary and alternative therapies, and advise the health team.
- Be non-judgmental when assessing a client for the use of alternate or complementary therapies; encourage full disclosure of specifics of practice.
- Present information in a non-biased fashion ; encourage frank and open dialogue.
- Recognize the client's right to make his or her own health choices and assist in ensuring that the client is fully informed when making those choices, such as the potential risks, benefits and limitations of the therapy.
- Answer client's questions honestly, using accurate information; assist client to obtain accurate information as necessary.
- Consider how a particular therapy will enhance the overall care for the client.
- Determine the validity of the therapy through utilization of evidence-based research.

Conclusion

Health professionals have an opportunity to be resource persons for clients encouraging them to make informed health choices about alternative and complementary therapies. The major challenges for health professionals are how to provide non-biased and accurate information to the clients and how to collect and present the information in a trustworthy and sensitive manner. **In addition, registered nurses are responsible for and accountable for the provision of competent, ethical, safe client care within the scope of nursing practice.**

Glossary

Accepted/Recognized Health Practice:

Legally authorized practice of any regulated health care profession.

Alternative Therapies:

Are treatments or interventions that are not within the mainstream of convention Western (allopathic) medicine.

Complementary Therapies:

Are alternative therapies which have gained some acceptance with Western medicine.

Informed Consent:

The Canadian Nurses Protective Society (CNPS) cites six criteria for valid consent that have been identified by Canadian courts:

- the consent must be genuine and voluntary;
- the procedure must not be an illegal procedure;
- the consent must authorize the particular treatment or care as well as the particular care giver;
- the consenter must have the legal capacity to consent;
- the consenter must have the necessary mental competency to consent; and
- the consenter must be informed.

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