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WHEN YOUR PATIENTS CHOOSE COMPLEMENTARY AND ALTERNATIVE MEDICINE

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¹ A companion kit entitled *Conversations on Caring – Volume 1* is available through the CHPCA Marketplace (www.chpca.net) for use in Canada in staff development, continuing professional development (CPD) and health sciences education.

INTRODUCTION AND SUGGESTED LEARNING OBJECTIVES

INTRODUCTION

This transcript is a web-based version for use with a companion MP3 professional development podcast. This MP3 session is also part of a larger set of digital audio recordings forming a resource entitled *Conversations on Caring, Volume 1 (CoC)*. CoC is a learning resource which has been prepared from previous Pallium Project professional development events. These events are the *Monthly Continuing Professional Development (CPD) Audio-conference Program* series. The *Monthly CPD Audio-conference Program* series was supported in 2005 and 2006 through a contribution from Health Canada's, Primary Health Care Transition Fund (PHCTF) as part of Primary Health Care Renewal in Canada. The views expressed in these sessions do not necessarily reflect the official policies of Health Canada or the employing organizations of members of the Pallium Project's, Community of Practice. These materials have been prepared as "reminder resources" for participants of the original CPD sessions and as learning resources to help support improved access and enhanced quality for provision of Hospice Palliative Care in Canada.

The MP3 audio files and this PDF of the written transcript have been post-produced from the original event in order to provide essential information and enable use, generally within 1 hour time blocks. Each of the sessions has been based on topics which practicing Registered Nurses have identified as important to improving practice and service locally as part of a 2005-2006 audio-conference series entitled *Improving Care in Our Communities*. While program-developed and organized principally from a nursing process and case-management perspective, sessions reflect the inter-professional and trans-disciplinary perspectives of both the Guest Resources/Invited Panelists and the local participants, many whom reflect a diversity of perspectives of social workers, spiritual care providers, primary-care physicians, hospice/palliative program volunteers and others.

SUGGESTED LEARNING OBJECTIVES FOR THIS SESSION

By the end of the session the participant should be able to discuss all or part of the following:

- Working definitions of "complementary" and "alternative" therapies
- The functional difference between complementary and alternative therapies.
- The emergence of CAM as a consumer-driven phenomena and aspects of the current state-of-the-art.
- Why patients choose complementary therapies in addition to biomedical-based, palliative services.
- Common complementary therapies that might be used by/presented by patients in palliation for pain, symptom management and comfort measures.
- Considerations of regulated health care professionals in discussing complementary therapies with patients/families.
- The role of complementary practices within regulated nursing practice.
- Considerations in product control/governance in Canada as dictated by the Natural Health Products Directorate of Health Canada.
- Some sources of credible information for the health care professional, patient and family.

WHEN YOUR PATIENTS CHOOSE COMPLEMENTARY AND ALTERNATIVE MEDICINE

Guest Resource

Barbara Findlay, RN, BSN

**Research Associate & Coordinator, Optimal Healing Environments Program,
The Samuelli Institute, Alexandria, Virginia;
Former Executive Director, The Tzu Chi Institute for Complementary and Alternative Medicine
Vancouver, British Columbia**

Moderator

Jacque Peden, RN, MN

Original Air Date – January 26, 2006

JACQUIE PEDEN

Can you tell me what the difference is between complementary and alternative therapies?

BARBARA FINDLAY

That is a good question, Jacque and I think it is more context-dependent than a simple black and white answer. It helps if we look back over the last 30-40 years and look at some of the general trends in health care since the 1960s.

There has been really a revolution in a sense in terms of looking at the whole of medicine and looking at the health of the population. There has been an increase in consumer activism around health issues and a whole map of restructuring the health care system has come about. When we look at palliative care and complementary and alternative medicine, there is actually a terrific parallel in the way that things have developed, particularly over the last ten years. Some of the common denominators that listeners might think about are the dissatisfaction with the dehumanization of health care; high tech, high cost institutionalized care and influence on healing; questions concerning the role of the physician versus the patient as the expert of their own health and actually research has expanded to involve more qualitative approaches.

Phenomenology is one of them, where we look at understanding the human experience of illness in terms of meaning and context of somebody's life – all these things, patient centered care, biopsychosocial models of learning and recognizing that there is a place for both cure models and healing models in health care have all influenced how we refer to things of being either complementary or alternative. So to go back to your original question, it is a moving target.

Generally we think of complementary therapies as those that are adjunctive or that they work in a complementary way with biomedicine or regular medical therapies. We think of alternative therapies as those that fall outside the biomedical system, but you know if you look at acupuncture for example, back in the seventies and early eighties it was pretty much considered voodoo by most people and now we consider it a complementary therapy and, in fact, many western physicians practice acupuncture as part of their practice.

Another example would be folic acid. It used to be just that only health nuts took folic acid to improve their blood

vessel health and now it is part of a mainstream cardiac regime after people have had a cardiac incident like heart attack. So, you know, what is new is usually old. Naming things like this is part politics, part science and part culture.

I am going to give you the definition that most people use now of complementary and alternative medicine. We say that it is a group of diverse medical and health care systems, practices and products that are not presently considered to be part of allopathic medicine and that definition comes from the National Centre for Complementary and Alternative Medicine in the US as of 2003.

JACQUIE PEDEN

Does it seem like a lot of these therapies come from Eastern culture? I was sort of thinking while you were talking of this and the Eastern cultures have used a lot of acupuncture and acupressure, even to put people to sleep during surgery, so is it more common there?

BARBARA FINDLAY

I think that when you consider that 60-80% of the world's population does not rely on Western medicine, it helps us to see how ethnocentric we are about our ways. The work that I am currently doing looking at optimal healing environments looks across cultures and across time at those components or those factors that influence healing and I think that is where this field is actually going to, so I am not sure that you could actually say Eastern/Western, you know, modern or ancient. I think we are starting to see that its CAM represents a collection of therapies, practices and products that promote healing.

JACQUIE PEDEN

I didn't realize that there was that percentage of the world's population that didn't follow.

BARBARA FINDLAY

Yes and when you are working in Western medicine and health care it is so easy not to recognize this, and the thing is if you look at the research in the field, and later we will talk more about that, that across the country and across time, people find that different therapies work. I think the interesting thing is finding what are the commonalities, including biomedicine, that are the things that really do promote healing and that is where research is heading.

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JACQUIE PEDEN

Well, that is good. What is the scientific evidence that suggests that supports or discourages the use of these therapies.

BARBARA FINDLAY

Well, it is growing and I have to say that I did a talk that recently where I looked at the last ten years, so from 1995 to 2005 and compared to ten years ago there is over forty databases for finding scientific peer reviewed journals for CAM studies and that doesn't include all of the botanical journals that exist.

If we look at Canada, the Canadian Institutes for Health Research have threaded complementary medicine through three or four of their institutes in terms of grants and research. In the US, the National Institutes of Health (NIH) have the National Center for Complementary and Alternative Medicine (NCCAM) and last I heard their budget was between 200 and 300 million dollars, so it has become very mainstream and there is a lot of research going on. One of the good things too is that ten years ago I don't think there was the research capacity and there weren't researchers in health care who really knew CAM well enough to contribute to the science and that has changed a lot – curriculum has changed, we're appointing heads in our universities to look at complementary and alternative medicine research. There is a significantly increased capacity to do research and then to take those findings and then bring them back to mainstream health care.

Having said that, however, CAM research and the articles that are generated still constitute only 0.7% of all the medical literature that is generated that you can search by a Medline, so it is still a small bit and still an underdeveloped field.

JACQUIE PEDEN

I just wanted to clarify when you say CAM, for our audience, you are referring to complementary and alternative medicine.

BARBARA FINDLAY

Yes, thank you. You know what? I say it because it eventually starts to sound like I have marbles in my mouth when I say it so many times, so I will refer to CAM, but you will see it referred to as CAHC (Complementary and Alternative Health Care), CAT (Complementary and Alternative Therapies), OHE (Optimal Healing Environments), integrative medicine – there are lots of different names for it.

JACQUIE PEDEN

Is there any specific scientific evidence that you know of that says that some of these therapies are actually effective?

BARBARA FINDLAY

Absolutely. Effective is one word, but we really want to know (the question we want to ask is), is it safe? Is it effective? Is it cost effective compared to what we do now? And what is the mechanism (how does it work)? Almost in those orders. Where I am working right now is in an institute, one of obviously many in the world, dedicated to exploring the science of healing research and there is really promising things in terms of studying human consciousness – things like distance, prayer, intentionality in delivering health care (you know when the health professional actually is present with the patient when they're listening to their story and if it makes a difference in terms of their immunological function, so the mind-body connection is another area.

You know when people have their beliefs, expectations, beliefs and feelings; we have good evidence that it affects the body's functioning and can promote or deteriorate health). For this reason, healing relationships is another big area of exploration right now, and of course herbal medicine, plant medicine, natural health products, nutrition and bioenergy are other areas. By bioenergy therapies, I am referring to healing touch, therapeutic touch, Reiki, or any other energy based healing modality. There is good basic science that indicates that there is bioenergy fields associated with the human body, but we don't have a good understanding yet of how to manipulate them or what the knowledge we do have means to nursing care or health care in general. It is a promising field of study, however, and we can talk about actual therapies in a bit, but it is a massive field.

JACQUIE PEDEN

I think it is kind of exciting that there is actually research into the mind-body connection and that they are finding that there is. I think that is really exciting.

BARBARA FINDLAY

There are whole journals, Jacquie, dedicated to advances in mind-body medicine and institutes dedicated to healing research. The science is becoming very rigorous and lots of it and very interesting. I think you know when I was nursing - I was a critical care nurse an ER nurse - I just didn't know what I didn't know and, obviously, the field has really grown in the last decade or so, but for anybody who is interested, there is no end of opportunity to explore this area.

JACQUIE PEDEN

Right. That's great. So why do patients actually choose complementary therapy?

BARBARA FINDLAY

Well there has been a number of surveys done in different countries over the last ten years and you know people say that they choose complementary medicines because they don't hurt you and they might help a bit, regular medicines aren't working for them.

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There are some mistaken or dangerous assumptions that alternative medicines are more natural and, therefore, safer. People worry about repairing the damages that they perceive have been done by conventional treatments (chemotherapy is a good example). A lot of it has to do with the sort of service or relationship that they experience with alternative or complementary medicine providers rather than the regular health care system.

In preparing for this audioconference, I kind of dug into the literature and there really haven't been that many studies done that look at CAM use in a palliative population, but there are a couple and I thought I could tell you a bit about them. We know that 42% or almost half of all Canadians have indicated that they use some form of complementary medicine. There was a study done in Oregon and published in 2004 where they actually followed up on death certificates of people who died at home from terminal illness or in the community, just not in hospital, and they went back to the families and care providers for these people after they had died and asked them about their CAM use and 53.7% of them said that they used at least one form of complementary medicine and it did not include prayer or spiritual practices in this question which many of the CAM surveys have done, which artificially inflates use statistics.

These researchers thought that spirituality is already usually an important part of end of life and end of life care, so they didn't include it. They came to the conclusion that there is high use of complementary medicine in the palliative population and what they have found is that in the people over sixty-five years of age, there was about half of them that used and those under sixty-five about 75% of them used.

What they inferred from that is that the Baby Boomers, sort of younger and coming along, will probably have a higher use of complementary medicine as they come to end of life and they asked why they used it. They found out that only 5% of the people who used CAM, use it with a hope or expectation that it will cure. Most of them are using it for symptom management and palliative care reasons.

JACQUIE PEDEN

All of us I am sure – or a lot of us – have horror stories of people who we have known who have gone to Mexico or some place to find a cure instead of doing the chemo and that, and that sort of is what people focus on instead of some of the other symptom management.

BARBARA FINDLAY

There was a qualitative study that I read recently that interviewed thirty-nine people and the themes that came out of interviews with these people were very interesting.

It was surviving, relieving, repairing and boosting up, so they found that people would try things because you know what, it might just save them in a sense, but generally speaking they use them for higher quality of life or relieving

symptoms, repairing perceived damages, from things like radiation and chemo, and for boosting up their immune system or energy levels. Fatigue is a huge issue – obviously, I don't need to tell this group that – but those kinds of things.

I think it is important to look at and it is true that that is the biggest danger of complementary medicine use is if it actually deters or prevents somebody from receiving care that has a known benefit to it. I was going to say, for all the horror stories, sometimes I think that they are definitely real, but we are not really good yet at documenting the relief from complementary therapies in day to day practice or in people who are at home.

JACQUIE PEDEN

I actually had a patient/client I looked after when I was working in palliative home care and a woman in her forties with breast cancer and multiple sites of bone metastases and she was on very low doses of Dilaudid, but she had friends who came and did Reiki and massage and her attitude was phenomenal. So I always believed in this is what got her through and that was why she was able to take such low doses of Dilaudid was because of the other support that she had and the other therapies that were being used.

BARBARA FINDLAY

I was going to say that the Dilaudid works on the opium receptors in the brain and naturally occurring endorphins do the same thing. What we are learning in the science of healing is how to stimulate those endorphins in other ways and/or activate other brain chemicals as well. In traditional medical research, we often call that the placebo effect or the context effect. We try to separate it out from the actual intervention, where in healing research/science, we think, "Wow, how can we actually create that?" If you can create it, wouldn't it be great to be able to reproduce it at really no cost, no risk and decrease things such as medication use and pain.

JACQUIE PEDEN

Yes, that sounds like a good plan. That was obviously what was happening with her. I believe that because of the therapies she was using and the support that she had and her attitude that she was able to use very low doses of Dilaudid for the pain that she had.

BARBARA FINDLAY

That refers us back to our discussion of energy healing in a sense. I am very involved right now in looking at healing relationships between patient and provider and what effect it has on symptoms and healing. There is an increasingly strong body of evidence that says that the way we interact with our patients has a huge effect on their well-being and also their biological function. Very interesting.

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JACQUIE PEDEN

Yes it is. What type of complementary therapies do you think would be appropriate for palliative patients?

BARBARA FINDLAY

Well, what we see people using, and this will be no surprise, is really therapies that manage symptoms such as nausea and vomiting from chemotherapy or for other reasons, pain, anxiety and fatigue with the goal of improving quality of life and decreasing suffering.

The therapies would probably be acupuncture, massage, different variations on energy healing, therapeutic touch, healing touch, Reiki, meditation practices including guided imagery and visualization, spiritual practices that run the gamut, the healing presence of the provider as I just mentioned, nutritional approaches, aromatherapy, music therapy – I have probably missed a bunch, but those are the kinds of things we see.

In terms of herbal medicine, we can talk a bit about that later, but you know I sort of see less of that unless people are using it for specific reasons. There is good evidence for the use of acupuncture for post-op nausea and for chemotherapy-induced nausea and vomiting. That is something you may even see – in fact I'd be surprised that some of our participants right now have not seen it in conventional health care settings.

JACQUIE PEDEN

If you have a patient or a family come to you as a professional and say that they want to use complementary therapies, how do we support them in that? What is it that we need to be aware of?

BARBARA FINDLAY

Well, there are a couple of things here. One is that we need to ask the unasked questions. In my experience since about 2000, actually since about 1999 I have been doing workshops with nurses and other health care providers and professionals and we tend to do either one of two things. If we don't know anything about the therapy, it can be intimidating and a little bit threatening so we often turn the other way and just think that is a personal choice and that really it has nothing to do with the care I provide which can be dangerous. You can be selling your patients short by not helping them find good information about it.

The other thing is that sometimes nurses and other professionals are so caring and that they care so much that they have a strong sense of advocacy and a duty to care for their patients that they get in too deep. They participate in things that they don't really understand – the mechanisms or the risks of – that they don't have the training for and that can be equally dangerous for the patient.

I think one of the ways we can help patients and their families is to listen and hear how they heard about the therapy or what they have read about it and in a non-judgmental way we can critique the source of their evidence or their information and provide good sources to them and

talk about the risks and benefits of the therapy that we are able to find out and have them contact professional associations.

For example, acupuncture - if you want to help them find a reputable professional, it is very easy to do by contacting the association (*Editorial note: For example see the Acupuncture Foundation of Canada Institute, practitioner directory at <http://www.afcinstitute.com/directory.html>*). Some of the red flags, and I just have a little list here and it will only take a second, but if your patient tells you, for example, the Mexico trip, some of the things that raise a red flag for me are when the patient tells you that they have met somebody who claims to be able to provide a miracle cure and you have a sense that they are being offered false hope or if the practitioner they talk about tells them that it is the only way to go and that nothing else will work and this is the only thing that will save them - these kinds of things if they engage in decision making for the patient, if they don't educate them about the risks and benefits, if they assume a power healer relationship with the patient or if they coerce them into treatment or therapy.

I personally have seen two people who have mortgaged homes and given away legacies to fund something that is not evidence-based and I cannot reiterate enough that such a vulnerable population we are working here with that we always need to pay attention to that and certainly as nurses we have our code of ethics really says that we need to do that.

JACQUIE PEDEN

So, in that situation that we are talking about where someone is being coerced or someone is being told that they are going to be cured if they take this, as a health care professional, what could we do? Have you got any suggestions?

BARBARA FINDLAY

I think to do a little research on your own to see if you can find evidence one way or the other and just provide it to them in an unbiased way. There is nothing wrong in saying what your concern is for all the things we were just talking about now. If you see something that does raise a red flag for you, then absolutely approach it because if you don't ask questions, they will remain unasked. I think that is one of the messages that I wanted to get through.

The other thing is that you should talk with your colleagues and your supervisors or others who have some expertise in the area, even outside of your profession is absolutely worth doing as well. There are those that would argue that that goes beyond your scope of work in a sense but it is a way we can help educate people.

JACQUIE PEDEN

Yes, I know people can find lots of information on the Internet about methods of new treatments or of therapies and not all of them are credible. What are some credible sources of information?

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BARBARA FINDLAY

The handout that I sent out to people is a good start. Certainly in the National Center for Complementary and Alternative Medicine – the NIH site that is on there, Health Canada – those types of places and also hospitals (the BC Cancer Agency, Princess Margaret Hospital in Toronto General and in the US there is Memorial Sloan- Kettering, there is the Mayo Clinic), a lot of these major medical centers, particularly those that deal with patients that have cancer or HIV (I actually put an HIV – the Canadian AIDS Treatment Exchange on there). Those are strong sites.

There is scientifically valid information and usually their sites in turn will have good references but NCCAM is probably really the NCCAM site is a good leaping off point. There is increasingly good information. I have to say that when I go onto the websites that it is quite amazing how much there is, but usually if you find a reputable organization or hospital or health care center or university (a lot of the universities now have the integrative health centers) that is a good start.

JACQUIE PEDEN

How do complementary therapies fit within the scope of nursing practice?

BARBARA FINDLAY

You know the Canadian Nursing Association and most provinces tell us to go back and look at our standards for nursing practice and that will give us the guidance that we need in terms of getting into it. I also gave a handout to you for the participants that is titled, *Strategies for Managing the Issues*. I think it basically walks through these things that you should do.

First of all it is important to understand the purpose of the intervention or treatment as well as the anticipated effects, both the indications and the contraindications. Know as much as you can about it, try to determine if it's appropriate in the face of other care that the patient is receiving. I won't read these all out. The listeners can look at them, but the one thing that nurses need to know is, are they competent to actually participate in the delivery of these therapies. That is a very big question and most of those do not fall within the scope of practice of nurses or nursing per se, although increasingly in nursing schools, they are teaching things like therapeutic touch, so it is a grey area, but you should ask. You know if I had any questions I would call the practice consultant at my professional association and ask questions. Most provinces if not all provinces have documents that describe their position on use of complementary therapies. If you are unsure about safety, don't participate, but do your best to advocate for the patient in terms of getting good information.

So there is a list of questions you can ask yourself and your professional association and just don't get in over your head, but it is a great opportunity to learn a lot about other healing approaches that you may not otherwise be inclined to do.

JACQUIE PEDEN

Yes, I agree. Do you have – we are sort of whipping through here – do you have any other information before we go on to questions from the audience or the questions that were sent in with the registration forms, do you have any other comments that you wanted to make?

BARBARA FINDLAY

Yes. I just wanted to continue with the professional piece of it there. I think the main issue and I have talked to many nurses in workshops that I have conducted with different groups - surgical nurses, oncology nurses, emergency room nurses – the issues that come up for them is that, on one hand we have a very strong commitment to our code of ethics that talks about our role as being an advocate. We have a duty to care which means unless we object on religious grounds or give other substantial reasons for not providing care,, we have a strong duty to care.

There is huge consumer pressure obviously these days in patient centered care, in relationship centered care and complementary therapies being introduced into peoples day to day lives. We also always carry our personal beliefs and values – if I personally use acupuncture then it is much easier for me to accept that from a patient rather than I am caring for or conversely if my father died and had a very bad experience with herbal medicine and liver failure, you could see why I have a very guarded view of it so we really need to look at those beliefs and values – so that is on one side.

On the other side, our standards of practice say that we should be committed to an evidence-based practice and that we should do no harm. Safety is always the first consideration and that we need to be professionally objective despite what our personal experiences have been with complementary medicine. So if you take those things and draw a line down the middle, we are conflicted. We often come across something – we care a lot about the patient, we care a lot about being a professional and we don't know what to do, so I guess I have raised that again. I just want to reiterate that a bit more because it is a difficult position to be in and it warrants conversation with colleagues and really deep thinking about it.

JACQUIE PEDEN

Deb Sheldon from Ste. Rose du lac, Manitoba has sent in a question that says are there any common and dangerous interactions between alternative therapies like supplements and traditional Western medicine or drugs that we should keep in mind?

BARBARA FINDLAY

That is an excellent question and it is the thing that our Canadian government has paid most attention to is the safety factor. I am not sure if all of you are aware but I think that it was in 2000 or 2001 that Health Canada created the Natural Health Products Directorate and charged them with regulating natural health products in Canada.

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Canada has done it a bit different than other countries. In the United States, for example, they have the FDA so a substance or natural health product is a food or drug in the US. In Canada we have created a third category of things called natural health products and I think it is a brilliant way of regulating these products. I went to the literature. I have done this before for surgical nurses and most of the information that you find about herbal medicine and drug interactions are related to surgery actually and patients that are going in for surgery but it is good information and we can talk about it here.

Before I start this I also want to let you know that in my dealing with pharmacists in this field – pharmacist's role is changing with the face of health care transforming just as is the nurse's and their knowledge of complementary and alternative medicine is growing exponentially as well. It is rare now that you find a pharmacist who can't give you any information or can't point you to any good information about interactions, so I would advise you to use pharmacists to your greatest degree.

Some of the main areas that we worry about in interactions is, first and foremost, bleeding. There are herbal products that can increase the risk of bleeding, particularly during surgical procedures or for people whose coagulation is affected for other reasons and there are many (I won't go into them here). Some of the herbs that affect bleeding are garlic, ginkgo, ginkgo biloba, Asian ginseng, ginger and feverfew. It is kind of interesting that my partner went to have a physical done the other day and he had blood tests done and stool for occult blood sent and they told him he shouldn't have any ginger or garlic the night before for dinner. I found that interesting – it really has hit the mainstream, so it is kind of neat. Anyways, those are the main ones and they can effect platelet time and without getting into the science of it those are some of the things you could watch for.

Some other herbs have direct cardiovascular effects that could be important to know about. Some of these you have read about or heard about in the news. Ephedra or ma huang is one of them and that is a natural health product (an herb) that has been used to promote weight loss, but is also used to increase energy and has been used to treat asthma and bronchitis as well. It may affect blood pressure and if it is taken in combination with other cardiac drugs it can either enhance their effect or cause problems with blood pressure and heart rate. That is something to pay attention to as well as garlic. It has a potential to lower blood pressure and yohimbe is an herb that is commonly used to treat erectile dysfunction and it has also been shown to increase blood pressure. For most people who are well it may not be a big deal, but for people who are already taking blood pressure lowering medication or have low blood pressure for other reasons, particularly if they are in really fragile health, these can make a difference. Black cohosh, licorice and other laxatives and herbal diuretics can also affect cardiac function.

The third category is sedative effects. The two that are most important here are kava – you usually hear it as a drink that people take – it is an anxiolytic and a tranquilizer basically, although I think actually it is not available in the US anymore, but it is still distributed online a lot. The other herb is valerian root and both of those can interfere or increase/potentiate the effects of tranquilizers and sedatives and anxiolytics that people are taking. They can also exhibit withdrawal symptoms if people have been using them and come off them.

JACQUIE PEDEN

But then I guess we have to realize that a lot of medications come from plants.

BARBARA FINDLAY

Exactly. People are looking for a silver bullet cure. They are looking at herbal medicine. Medicine is medicine whether it comes in a pill form and it is synthetic or we cut it off a tree. I think the same cautions and the same knowledge about the medicine is required whether it is in a natural form or not. The other thing that we worry about is the standardization of it – you know when you take a dose of a natural health product are you getting a standardized dose, what is the quality of the product you are taking, has it been adulterated with any other synthetic medicines.

Unfortunately we have all heard of those cases as well where children take an herbal remedy for asthma and it is miraculous and really helps the asthma and it turns out that it has been adulterated with prednisone or steroids.

Another thing is heavy metal contamination – so where the herbs are grown, where they are harvested, how they are dried and processed can make a difference. That is what the Natural Health Products Directorate is trying to manage in Canada is the regulation of the production and sale of natural health products.

The other one that is important and that we should talk about is St. John's Wort and is very commonly used for mild to moderate depression and a lot of people have some good effect. A few years ago, I think it was in 2003, some scientists discovered that it interferes with the cytochrome P450. I won't even begin to tell you what that is, but anyways, what we know is that many medications including antiretrovirals used for HIV, birth control pills, theophylline, midazolam, lidocaine, calcium channel blockers, serotonin receptor antagonists (SSRIs) are affected by St. John's Wort. Suddenly we are paying more attention to these reactions and this is probably the one that has been most studied and has helped people use significant caution when combining them.

JACQUIE PEDEN

I have seen that in the news lots.

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BARBARA FINDLAY

Yes and if you go to Health Canada's website or you look for warnings you know you quite often see the one for ephedra and for St. John's Wort. I was going to say when we take questions, people may have specific questions about certain herbs or whatever.

JACQUIE PEDEN

We have just one more question or comment from a participant, Michelle Rigby from Truro, Nova Scotia. She wrote down therapeutic touch and Reiki, so I am not sure what her question was – maybe she just wanted to know a little bit more about those?

BARBARA FINDLAY

Certainly, you can find Reiki as a – for those of you who don't know it is of Japanese origin, it is not just energy based healing, but it is a system of healing that involves different things (meditation, etc.) but most of us are most familiar around the energy healing piece of it and it is very mainstream. It certainly has been adopted by many people in terms of their practices including nurses and there are three levels of training that people can have to do it. The energy healing piece of it is a hands-on process much like therapeutic touch and it is of great interest.

The National Institutes of Health (NCCAM) Center in the States has made Reiki part of its research agenda for sure. If you look under the NCCAM site, you will find there have been some good studies on the efficacy of Reiki, fibromialgia, painful neuropathy for patients with advanced AIDS, for prostate cancer – so there is great interest in studying it. I was going to say too that, Jacquie, just to go back to the herbal information again that mayoclinic.com has a really nice website that I tracked down a couple of days ago on herb and drug interactions and the first page basically summarizes some of the things that I was just talking about.

JACQUIE PEDEN

We would like to open it up to questions from other participants.

MARIKA STRADER, WHITEHORSE, YUKON

Hi my name is Marika Strader. I am a dietician and I work in long term care in Whitehorse. My question about complementary and alternative medicine has more so to do with herbal products than anything else. I am well aware that it's not regulated in Canada yet, my question is though that do either of you or all of you know if there is any legislation being pushed for people, as we talked about, who give out anecdotal information and there is no ethics or liabilities involved whereas with professionals there is. I am just wondering if there is any legislation being pushed towards people who practice outside of an ethical regime?

BARBARA FINDLAY

Yes, actually there is. When I was talking about the Natural Health Products Directorate, their whole regulatory framework will require that any natural health products that are sold in Canada meet particular levels of evidence. There are also some limitations on promoting health claims or making health claims for certain products and it is a fairly complex regulatory framework that is in the process of being rolled out now, so there absolutely is legislation at a national level on how to manage this issue.

If you go to the Health Canada website and look up NHPD, you can look at the whole process since 2000 to present on how that has unrolled and it will make you feel good that the regulatory piece of it is coming to bear. Just to answer your question a little further, so what we could imagine is that, well right now actually it is in effect, when you buy certain products what is not regulated then health food stores might tell you about that product, but what is on the label of the product and the DIN number on the product that is a sign that it has in fact met both the standards for strength, quality and production in the information that goes on the label. Those are the sorts of regulations that are being enforced.

MARIKA STRADER, WHITEHORSE, YUKON

I guess the other thing is my question is for individuals who are practicing and are giving out anecdotal and non evidence based information. I am just wondering what kind of legislation is coming down for them. For licensed professionals, we do know that if we do not provide evidence-based information within our scope of practice we could lose our license and our career. I am wondering what about these individuals who aren't doing that?

BARBARA FINDLAY

Well, if they are not regulated and they don't practice by standards or codes of ethics then it is really difficult. It is really a buyer beware world. I think it is inherent on us to educate our patients and ourselves about where to find good information and again that comes back to what your role could be in terms of being a resource coordinator, an advocate providing a safe referral or helping somebody find good information about it.

One of the ways to do that is to go yourself and see what good information is out there and start to use that in terms of your own patients, but I don't think we will ever be able to regulate less than professional behavior. It has been around since snake oil was sold at country fairs and it is a difficult thing to regulate.

TAMMY McCLUSKEY, TRAIL, BRITISH COLUMBIA

Hi, it's Tammy. You kind of answered it with the last question from the previous participant and it is really difficult because with some of the things we run into is people going to complementary clinics and things like that and they aren't regulated.

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They are told at the clinics, that the traditional medical field will tell you why you shouldn't do this and there is going to be a guess as to what we have to offer. It is just such tricky ground to be walking on because you don't want to take away hope but you also don't want them to continue on doing things that have no basis in evidence and the hope plays such a factor in that.

BARBARA FINDLAY

I agree with you and that is that fine line I was talking about when I began talking about nurses' Standards for Practice and Codes of Evidence – the issue that arises around evidence based practice versus advocacy. One of the things is what you just told me and it is a red flag. If I have a patient who is doing something and they are told by that other professional that the other professional is not interested in participating in an integrative way in their care and wants to basically dominate the decision making in whatever, you know what, it is worth having a conversation about. You know, just to raise to the patient and family about how unethical that is and how dangerous it is. What if the family doctor said that? And in which some ways it may be the patient's experience.

I am a strong advocate for an integrative approach or creating optimal healing environments that stop the divisiveness and just look at really good practice. I think that again and I said this to the other lady in the last question, but I think when we take on the role of being an educator for our patients and help them to be good consumers of health care – any kind of health care, not just complementary medicine, but how do you judge a good provider from a less than good provider. I hate using those judgmental words but I think that is a role that we have and sometimes we steer away from it because we think we don't have the experience or the knowledge, but you know it doesn't matter about the practice, you DO know what is ethical practice and what is good professional practice and that is the ground you should stand on.

TAMMY McCLUSKEY, TRAIL, BRITISH COLUMBIA

I guess too if there were any legal routes to take for families after they have had an experience, it places that extra burden of even doing that. It is a tough place for families afterwards becoming to advocate if this has happened to someone else if there are no regulations.

BARBARA FINDLAY

Some years ago now, I was a study coordinator for a group of patients that were using a complementary therapy – it was an injectable – and they were also patients at a mainstream cancer clinic and would be hospitalized from time to time. These were people who had recurrent solid tumors and it was interesting to note that most of them at any given time were taking an average number of seventeen different natural health products in addition to their conventional treatment.

The way I looked at it was almost like doing damage control in some ways instead of going "Oh my god this is hopeless - we are never going to be able..." If you are somewhat aware of everything they are doing in an integrative way then you can see the potential danger. You can actually be there to support them in some ways rather than not knowing at all. It is like a harm reduction approach – that is the word I was trying to think of.

JESSE BOWEN, PRINCE GEORGE, B.C.

My name is Jesse and my question is going back to the legislation that is coming up and I am wondering how that will address multi-level marketing? There are a lot of snake oil or alternative treatments that are pushed through multi-level marketing and I am wondering how that legislation will address that group?

BARBARA FINDLAY

It won't really except that you wouldn't be able to buy it in the store. It wouldn't be called a licensed product since it wouldn't have a DIN number on it. You can never eliminate underground marketing, whether it is child pornography being sold, or some worthless natural health products or other types of medicines and therapies. You can only educate yourself and your patients to make good choices.

The difference is like taking a paternalistic government role of controlling everything when you can't control everything anyway or taking a proactive, preventative way and saying here is what you need to know about natural health products and expect from natural health products. This is the information you should expect, there is a standard of production that you should expect, here are the prices you would expect to pay for it and things that would fall outside of that you should raise a red flag to – they could be dangerous. Increasingly, as we get the good stuff and the useful regulated, I think those other things will have to compete harder and they may fall away.

JESSE BOWEN, PRINCE GEORGE, BC

The follow-up is then are you aware of any products through the multi-level marketing system that actually have value?

BARBARA FINDLAY

I can't really comment on that. It is interesting. There are two kinds of research. There is the R&D (research and development) of a company that puts out a product is always to be suspicious of in a sense if that research is funded by the company that makes the product – you really have to look. The reluctance of academic researchers to use commercial products is they have to have a pretty good track record to do that. We see some of that for example with prostate cancer and some of the products. In fact, I don't know if any of you remember but around 3 years ago PC SPES was a product that a lot of men took with prostate cancer with some remarkable results and it was a combination of several herbs and it turned out that when

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they started sampling it and looked at standardization of it, it was apparently adulterated with some other medications and they were things that affected that actually gave the results that the people thought were coming from the herbal medicines. It was withdrawn and the studies were stopped, but a number of academic centers had got into that research and were doing some really good rigorous research and then something like that happened and unfortunately what happens is that they throw the baby out with the bathwater. There may have been something useful in that herbal combination but it got a bad name because of production with the product was not done well.

MARY BUREY, HALIFAX, NOVA SCOTIA

I wanted to comment on public groups such as the pharmaceutical companies who own such a large market share in the traditional medicine side – how might they hinder the progress of research in alternative medicine?

BARBARA FINDLAY

I am not sure that they would hinder it but certainly they are interested in anything that is marketable and would bring them a market share of the natural health products industry. There is huge competition and without going into this at length, anything that is a basic herb cannot be patented (you couldn't patent licorice root), but when you make it into a combination or formula, that you can patent, you can sell it as a different product. There are some very reputable companies that are doing this. You see some of the larger pharmaceutical companies getting into it.

I am not sure that it is a terrible thing except that it kind of – I won't say anything more to that – I think that their research is a good on their natural health products as it is on their drugs. In some ways that raises the bar in terms of the science of it but it eliminates some of the smaller more complementary medicine approaches to using natural products – making an industry of something that was a natural process before that would be the other side of the argument.

JJ JANSEN, CALGARY, ALBERTA

I appreciate your presentation and discussion today and I want to thank you very much and I like the idea of having the handout – like the strategies for managing the issues but it brings to bear there is always a lot of responsibility on the health care professional and in this case a group of nurses to sort of add on to their regular practice and do more investigation, learning and research, etc. I was just wondering if Barbara might comment on what might be happening as far on what some of the basic education in nursing and medical schools are to get a lot of us more

prepared for the reality of what is happening no matter what kind of care we are providing out there.

BARBARA FINDLAY

That is a great question and I don't think I mentioned it, but pretty much all nursing schools address this area in some way, shape or form. I think 75% of the med schools across the US and Canada now have something about complementary medicine or integrative medicine in their curriculum so it certainly points it is an issue. I think the primary drive has been to prepare people to talk to their patients about it and ask the unasked questions. To be fair to ourselves, biomedicine is one health belief system and we are talking about everything else in CAM. It is a huge amount knowledge and information and most of it is inaccessible to us, so try to put that into context.

Really, you need to come back to principles and that is what is being taught in the schools and that is what I would like to see being taught in the schools and that is the way it is going – how do you talk to people about, where do you find good information, what are the criteria for good information, what is your professional responsibility around this and really doing what you can do. I am not sure that living in the information age, I am not sure that we can control this in any better way. Patients come to their doctor's offices with handfuls of printouts and they want to know about this that and every other thing. Big problem, but I just want to confirm for you that the curriculum is catching up – not only in practice but in terms of research, research methodologies and collecting good data to inform practice about this.

I just wanted to remind everybody that there are many health belief systems including Western medicine which has its strengths and weaknesses. CAM research and the associated evidence growing with that is exponential and there are now excellent resources available and I encourage you to pick your favorites or find some and do a little exploring so you have a little something to offer your patients.

When it comes to complementary and alternative medicine, it is important that nurses do go back to their standards of practice and code of ethics to guide them through the issues around advocacy, safety, specialized knowledge and things like that. It is a grey area and a tough go but it is the best place to go for advice. That is all.

JACQUIE PEDEN

I would like to thank you Barbara very much for joining us today and sharing with us issues about CAM and also giving us the list of resources and the handout about strategies for managing these. Those are great resources. Thank you.