

## **Board Policy Statement Complementary And Alternative Therapies**

### **Definitions:**

Complementary and Alternative Therapies:

Is defined as "... a broad domain of healing resources that health systems, modalities, practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period."

The various offerings of alternative medicine fall into one of three categories:

- 1) Invalidated: defined as interventions that are "invalidated" because they have neither a proven nor any scientific basis for any health benefit. Invalidated remedies include any therapy that:
  - a) Is implausible on a priori grounds (because its implied mechanisms or putative effects contradict well established laws, principles, or empirical findings in physics, chemistry or biology).
  - b) Lacks a scientifically acceptable rationale of its own,
  - c) Has insufficient supporting evidence derived from adequately controlled outcome research,
  - d) Has failed in well-controlled studies done by impartial evaluations and has been unable to rule out competing explanations for why it might seem to work in uncontrolled settings.
- 2) Nonvalidated (plausible but not yet proven): Refers to treatments and interventions that may have a basis in scientific theory for use in medical are but that are otherwise unproven, innovative and/or experimental. This includes drugs, medical and surgical interventions, and regimens that are offered and accepted by a patient on the basis of potential benefit, and that have neither been accepted nor discredited by the expert clinical community. Nonvalidated therapies are distinct from, on the one hand, customary and accepted treatments, and, on the other, invalidated remedies.
- 3) Validated (proven to be efficacious).

The following therapies are generally associated with one of the three definitions previously noted:

- 1) Homeopathy
- 2) Chiropractic
- 3) Acupuncture
- 4) Additional therapies:
  - Aroma therapy
  - Art therapy
  - Biofeedback
  - Body work/manual therapy
  - Botanicals/herbs
  - Environmental
  - Hypnosis
  - Light therapy
  - Magnetic stimulation
  - Mind/body medicine
  - Music therapy
  - Nutrition
  - Traditional Chinese medicine
  - Yoga
  - Supplements
  - Chelation
  - Massages
  - Reflexotherapy
  - Etc.

The Kentucky Board of Medical Licensure is aware that an increasing and significant number of citizens of the Commonwealth of Kentucky are seeking complementary and alternative therapies in their health care. The Board recognizes that physicians are increasingly incorporating complementary and alternative therapies in their care of patients. The Board recognizes that innovative practices that could benefit patients and improve care should be given reasonable and responsible degrees of latitude. Abusive criticism of alternative practitioners and threats to their licensure solely because they offer their patients an integrated practice will not be tolerated. On the other hand, the Kentucky Board of Medical Licensure is aware of the Attorney General's findings that consumer fraud does occur in the practice of medicine. If consumer protection means anything, it should protect people weakened by illness from the dangers attendant to unsound – invalidated health practices. The Board is concerned with whether it is proper for physicians and providers to offer, agree to manage jointly or to accede to patient demands for alternative therapies that may not be particularly harmful, but for which little or no proof of potential benefit exist. The Board feels that physicians and providers should never accede to invalidated treatments. The Board does believe that physicians may incorporate nonvalidated treatments if research results are very promising, if the physician believes that a particular patient may benefit, if the risk of harm is very low, and if the physician adheres to the conventions that govern the doctrine of informed consent for nonvalidated treatment. The Board will continue to protect the citizens of the Commonwealth of Kentucky by:

- 1) Ensuring that Licensees employ and document the medical model in their overall evaluation and treatment of the patient (i.e., history, physical, diagnosis, plan of treatment, and periodic assessment and follow up).
- 2) Ensuring that the Licensee has the requisite training and skills to perform the particular procedure.
- 3) Ensuring that Licensees honestly and fully explain the various procedures available for treatment of the particular condition, to include the risk and benefits of such treatment option or procedure, and
- 4) Carefully scrutinizing any treatment, which results in harm to the patient.

The Board believes this policy finds support in traditional ethical principles and is not outweighed by the competing principle of patient autonomy.

Approved: September 17, 1998

Modified: March 18, 1999