Purpose

The Complementary and Alternative Health Care (CAHC) and Natural Health Products (NHP) Standards are developed and approved as outlined in Section 133 of the Health Professions Act (2000). **REGISTRANTS**[1] must also be aware of the Natural Health Products Regulations (SOR/2003-196) when providing care to ~~**CLIENTS**~~ **PATIENTS** who use NHPs.

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The purpose of this document is to outline the minimum expectations and direction for registrants who

- use, recommend, or provide advice for CAHC as an adjunct within their nursing practice;
- have ~~clients~~ patients who wish to or are using CAHC; and/or
- recommend or provide advice on the use of NHPs.

Registrants may be interested in using CAHC and NHPs in their practice because of the emphasis on a holistic and natural approach to care. The guidelines for determining if a specific intervention should become part of a registrant's practice are outlined in the Incorporating a Restricted Activity into Practice Guidelines (College of Registered Nurses of Alberta [CRNA], 2022b). These guidelines can be used to determine if a specific CAHC treatment would be appropriate as an adjunct to registered nursing practice in a particular setting.

The practice of all registrants is grounded in the CRNA's Practice Standards for Registrants (2023) and the Canadian Nurses Association's (CNA) Code of Ethics for Registered Nurses (2017). Other CRNA documents that provide direction and guide practice related to CAHC and NHPs include the following:

- Documentation Standards (2022a)
- Incorporating a Restricted Activity into Practice Guidelines (2022b)
- Infection Prevention and Control Standards (2022c)
- Medication Management Standards (2022d)

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- Prescribing Standards for Nurse Practitioners (2022e)
- Restricted Activities Standards (2022f)
- Scope of Practice for Nurse Practitioners (2022g)
- Scope of Practice for Registered Nurses (2022h)

Complementary and Alternative Health Care

CAHC is an umbrella term used to describe numerous individual therapies and health-care approaches that are often considered non-conventional health care, such as Indigenous healing, chiropractic, acupuncture, Reiki, massage, and naturopathy. CAHC therapies, including aromatherapy, craniosacral therapy, Ayurvedic medicine, iridology, therapeutic touch, and Reiki, are performed by individuals who may or may not be regulated health professionals. It is important to note that some therapies that may be considered CAHC within the Canadian health-care context are thought of as **CONVENTIONAL HEALTH CARE** in other cultures (Smith & Simpson, 2003).

The ease of access to information, particularly through the internet, artificial intelligence, and other ~~technology~~technologies, has led to ~~clients~~ patients actively increasing the management of their own health by accessing CAHC and using NHPs without a health-care assessment. Many are searching for therapies that will relieve the symptoms of chronic or acute illness. ~~Others have cultural practices and values that are different from conventional health care. The *Truth and Reconciliation Commission of Canada* (2015) call to action #22 states "We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal health practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients."~~ Some patients may use health practices that reflect their cultural, traditional, or spiritual beliefs. When a patient requests that such a practice be included in their care, registrants must consider the patient's individual circumstances and preferences, available evidence, potential risks and benefits and any applicable scope-of-practice and practice-setting requirements. Where appropriate, registrants should collaborate with the patient and relevant health-care providers or practitioners to consider these preferences in the context of safe, evidence-informed, coordinated and person-centred care. ~~It is important to honour and respect these practices within the health-care context.~~

Evidence-informed practice involves the process of combining the best available evidence through a variety of sources such as research, grey literature, experience, context, experts, and ~~client~~ patient experiences and perspectives. More evidence is needed to understand the impact of CAHC and NHPs in their integration with conventional health care. This information will assist in understanding and reducing the risks associated with their use. The *Cancer Research UK* (n.d.) states research ~~of~~ on complementary and alternative health care is necessary to

- understand how they work and confirm safety of use;
- determine if they interact with conventional health care and how they interact;
- verify whether specific therapies are effective;
- test them against conventional health-care treatments to determine results;

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- understand the effect they have on quality of life; and
- examine cost-effectiveness.

Evidence on the safety and efficacy of CAHC therapies can be challenging due to the smaller number and type of research studies in this area as compared to conventional health-care (Frass et al., 2012). This has been attributed to limitations created by using randomized controlled trials as the benchmark for accepting medical treatments and interventions, including CAHC (Golden, 2012). While some studies demonstrating the efficacy and safety of CAHC therapies have been published in professional, ~~and~~ nursing and medical journals, there are many other therapies ~~thought to be effective due to only observed positive outcomes.~~whose perceived effectiveness is based primarily on observed positive outcomes. There is also current research that supports various ~~diet and nutrition~~dietary and nutritional approaches that may prevent the development of certain diseases (Potter et al., 2014).

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Different terms are used to describe the context of care related to CAHC and NHPs:

- Complementary – a practice used together with conventional health care.
- Alternative – a practice used in place of conventional health care.
- Integrative Health Care – the incorporation of conventional and complementary approaches to health care. CAHC and NHPs may be a component of treatment plans for pain management, relief of symptoms in cancer patients and survivors, and promotion of healthy behaviors (National Center for Complementary and Integrative Health, 2021) and are a therapeutic adjunct to conventional medicine. Integrative health care is "...relationship-centered care that focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals, and disciplines to achieve optimal health and healing" (Vohra et al., 2012).

Registrants who are employed by another regulated health professional must know if they are authorized to implement or provide an intervention and ask questions to verify if the intervention is authorized for the health professional who has ordered the treatment or intervention. Registrants can provide an intervention if it is within their scope of practice, and they have the knowledge, skill, and competence to do so.

Natural Health Products

“Natural health products” is a general term used to describe a variety of products that are used by Canadians who wish to restore or maintain good health. They are naturally occurring substances which are mostly made from plants but can also be made from other sources such as animals, microorganisms, and marine sources (Health Canada, n.d.-a). Seventy-one per cent of Canadians use NHPs (Health Canada, 2011).

NHPs include, but are not limited to

- vitamins and minerals;
- herbal remedies;
- homeopathic medicines;
- traditional medicines like Chinese and Ayurvedic medicines;

- probiotics; and
- products such as amino acids and essential fatty acids

(Health Canada. n.d.-a).

Risks to Consider if Using CAHC and NHPs

There are several risk factors that registrants should consider in relation to CAHC and- NHPs when collaborating with ~~clients~~patients,~~,~~ their families and the interprofessional health-care team in the development of a holistic care plan:

- Nearly two-thirds of CAHC users have reported not discussing their use of CAHC therapies or NHPs with their primary care provider (Kramlich, 2014)~~.~~, ~~T~~therefore, ~~the risk of interactions and impact on other treatments and therapies will be unknown.~~potential interactions and effects on other treatments and therapies may be unknown.
- ~~Clients~~ Patients who have an acute or chronic illness and ~~have chosen~~choose CAHC or NHPs may refuse or exclude conventional health-care treatment.
- ~~Clients~~ Patients may delay an assessment of a health concern and use CA~~C~~HC or NHPs based on a self-diagnosis. ~~health-care assessment of their health concern and use CAHC and NHPs on the basis of self-diagnosis~~.
- ~~Clients~~ Patients may spend considerable funds on therapies not covered by insurance and ~~be at risk of financial hardship or difficulty.~~experience financial hardship.
- ~~Clients~~ Patients who independently use CAHC and/or NHPs in conjunction with prescribed conventional health-care treatments may not have knowledge of the contraindications and associated risks of these treatments and therapies.
- Persons of childbearing age who are pregnant or breastfeeding, and older adults using herbal or nutritional supplements without the guidance of a health-care professional, may not be aware of potential risks due to age and physical status.
- ~~Clients~~ Patients ~~presenting with atypical symptoms or failure to respond to prescribed therapy may have not disclosed their use of CAHC or NHPs.~~who present with atypical symptoms or who do not respond to prescribed therapy may not have disclosed their use of CAHC or NHPs.

Accurate and timely assessments, planning, implementation, and evaluation are integral components of the care a registrant provides. Some CAHC therapies may address the symptoms and not the underlying cause of the health concern. Seeking a natural cure first instead of using conventional health care to treat a serious medical condition can place ~~clients~~ patients at risk. A delay in assessment may result in a delay in treatment, where a cure may no longer be possible (Johnson et al., 2018).

Natural Health Products Regulations

In Canada, the *Natural Health Products Regulations* (SOR/2003-196) govern~~s~~ the use of NHPs to ensure Canadians have access to NHPs that are safe, effective, and of high quality. Any

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person or company that manufactures, packages, labels, and/or imports NHPs for commercial sale in Canada, must meet the licensing requirements set out in the regulations. To obtain a license, applicants' detailed information must be given to Health Canada (e.g., medicinal ingredients, source, dose, potency, non-medicinal ingredients, and recommended use). Once the product is approved by Health Canada, it is issued an eight-digit Natural Product Number (NPN) or Homeopathic Medicine Number (DIN-HM), which will be printed on the product label (Health Canada, n.d.-b.) Product labels are important tools to help consumers make informed decisions when selecting and using NHPs and ensures easy recognition of the product for purposes of reporting **ADVERSE REACTIONS**. Registrants must refer to the *Natural Health Products Regulations* for requirements related to natural health product labelling.

It is important that ~~clients~~ patients know to inform their health-care practitioner of any adverse reactions to determine next steps and report the product to Health Canada. Reporting adverse reactions allows Health Canada to identify rare or serious adverse reactions, change the product safety information, issue public warnings and advisories, and/or remove unsafe products from the Canadian market (Health Canada, n.d.-a.).

Standards for Complementary and Alternative Health Care and Natural Health Products in Nursing Practice

These standards identify the expectations for registrants in the provision of care that includes CAHC and NHPs. The criteria describe how registrants must meet each standard and are not listed in order of importance.

STANDARD 1: PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

Registrants are responsible and accountable for their nursing practice related to CAHC and NHPs.

Criteria

The registrant must

1.1. assess and document the ~~client's~~ patient's use of CAHC and/or NHPs when completing a comprehensive health assessment;

1.2. perform CAHC treatments safely and competently;

1.3. only administer or recommend NHPs that are approved by Health Canada;

1.4. follow standards for infection prevention and control (CRNA, 2022c) when providing CAHC;

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1.5. consult with and/or refer ~~clients~~ patients at any point in the care continuum when the ~~client's~~ patient's health-care needs require the care of another health-care professional;

1.6. follow employer requirements related to CAHC therapies and NHP use (employer requirements might include identification of required education and competencies, experience, informed consent, documentation, and supervision requirements); and

1.7. report adverse reactions of NHPs to Health Canada through the Canada Vigilance Program.

STANDARD 2: KNOWLEDGE-INFORMED PRACTICE

Registrants use an evidence-informed approach in the selection or consideration of CAHC and NHPs and considers the benefits and risks to ~~clients'~~ patients' health and safety.

Criteria

The registrant must

2.1. attain and maintain competence in the CAHC therapy they provide;

2.2. use critical judgment and knowledge of risks and expected outcomes (especially where evidence on safety and efficacy of a CAHC therapy or NHP is limited), to determine if the treatment is appropriate to the ~~client's~~ patient's situation;

2.3. obtain a best possible medication history that includes NHPs used by the ~~client~~patient;

2.4. use evidence-informed resources to determine if the CAHC therapy or NHP is safe and effective;

2.5. be knowledgeable of the interactions and contraindications of NHPs with other medications their ~~client~~ patient is using;

2.6. address unexpected effects of the CAHC therapy or NHPs; and

2.7. document the CAHC therapies provided and NHPs recommended in the ~~client's~~ patient's record. Documentation includes

- **a.** nursing history and assessment of the use of CAHC and NHPs,
- **b.** discussion regarding the history of their health needs,

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c. discussion of risks and benefits of the proposed CAHC therapy or recommended NHPs, and

d. planning, implementation, and evaluation of care.

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STANDARD 3: ETHICAL PRACTICE

Registrants practice ethically when providing care that includes CAHC and NHPs.

Criteria

The registrant must

3.1. be non-judgmental in evaluating and discussing the ~~client's~~ patient's exploration of CAHC therapies, health-care approaches, and NHPs;

3.2. respect the ~~client's~~ patient's right to choose their therapy, including those that have a cultural significance, and take into account their values, customs, and spiritual beliefs without judgement or bias;

3.3. support an individual's choice regarding health care and educate the patient about various treatment options and the risks, benefits, costs, and limitations associated with each; and

3.4. obtain informed consent for treatment that is free of undue influence or misrepresentation.

Glossary

ADVERSE REACTION – "A noxious and unintended response to a natural health product that occurs at any dose used or tested for the diagnosis, treatment or prevention of a disease or for modifying an organic function" (*Natural Health Products Regulations*, SOR/2003-196).

~~**CLIENT(S)** The term client(s) can refer to patients, residents, families, groups, communities, and populations.~~

CONVENTIONAL HEALTH CARE – A health-care system that provides care for symptoms and diseases using commonly known treatments such as drugs and surgery. Also called allopathic medicine, biomedicine, mainstream medicine, orthodox medicine, and Western medicine.

PATIENT(S) - The term patient(s) refers to clients, residents, families, groups, communities and populations who receive medical care, treatment or professional services from a registrant.

REGISTRANT(S) – Includes registered nurses (RNs), graduate nurses (GNs), certified graduate nurses (CGNs), nurse practitioners (NPs), graduate nurse practitioners (GNPs), neonatal nurse practitioners (NNPs), graduate neonatal nurse practitioners (GNNPs) and RN ~~or~~, NP or NNP courtesy registrants on the College of Registered Nurses of Alberta registry.

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