Pharmacy Council Complementary and Alternative Medicines – Statement and Protocol for Pharmacists

Background information

1. Complementary and alternative medicine (CAM) generally refers to a broad set of health care and medical practices (e.g. acupuncture, herbal medicine) that are not currently an integral part of conventional medicine. CAM is also increasingly referred to as 'integrative medicine' or 'integrative health'. CAM treatments are typically used by patients in addition to conventional medical treatments, but in some instances, people use them instead of standard medical treatments.

2. CAM also includes 'complementary medicines' (CMs) or 'natural health products' (NHPs). These are pharmaceutical-type products that typically originate from natural sources, such as herbal medicines, homoeopathic remedies, and dietary supplements, as well as preparations used in traditional medical systems, such as traditional Chinese medicine (TCM).

3. CMs/NHPs are available in a range of forms, including as manufactured, processed, formulated products, and as crude fresh or dried material, often supplied to patients following a consultation with a natural-health practitioner.

4. In the wider sense of CAM referring to non-western medicines it is important to recognise the unique place of Rongoā Māori (traditional Māori healing), which may include Rongoā rakau (plant remedies from native flora) and understand Māori have a right to access and use this traditional form of medicine under Te Tiriti o Waitangi.

5. Many CMs or NHPs may be used in cultural or traditional healing practices, for example, Chinese Medicine or ayurvedic remedies, a traditional choice of many migrants. Pharmacists must be mindful of cultural beliefs and traditional practices and consider how these may impact upon patient medication therapies.

6. In New Zealand, CMs/NHPs currently are subject to only weak regulations. While some CMs/NHPs are registered medicines, for the most part, herbal and homoeopathic medicines are exempt from the requirements of the Medicines Act 1981 provided a therapeutic purpose is not claimed for them through either advertising or labelling and they do not contain a scheduled substance. Most CMs/NHPs fall under the Dietary Supplement Regulations 1985 (under the Food Act 1981), which provides some restrictions on ingredients, does not allow therapeutic claims, and does not require products to meet pharmaceutical quality standards.

7. As medicines experts, pharmacists are expected to provide accurate, unbiased information to patients on the quality, use, safety and effectiveness of all medicines. However, since there is often limited information available relating to the efficacy of many CMs/NHPs we expect that pharmacists refer to reliable resources available to ensure they meet their professional obligations.

Best Practice Expectations for Pharmacists supplying CMs or NHPs

8. It is not the Pharmacy Council's (Council) purpose to endorse any particular CMs/NHPs or CAM treatment or practice; however, Council believes it is necessary that pharmacists have a basic knowledge of CAM and CMs/NHPs in order to engage with and advise patients appropriately. This also ensures pharmacists can meet their duty of care to patients and the profession.

9. Pharmacists must practise within their registered scope, their area of competence and in a manner consistent with their profession, legal and ethical obligations.

10. Pharmacists should consider the advantage of recommending, where appropriate, products with evidence such as approved medicines.

11. Pharmacists should be able to counsel patients about the quality, general use, the current state of the evidence and any safety issues regarding CMs/NHPs, including their use and potential interactions with other medications. Where CMs/NHPs have demonstrated benefits for the patient and have minimal risk of harm, and where patients have made an informed choice and given their informed consent, Council does not oppose their considered use.[1]

12. The Pharmacy Council Code of Ethics requires that pharmacists practise within and maintain competence relative to their sphere of activity or scope of practice, which may include offering advice on treatments or medicines, including CMs/NHPs. Pharmacists selling or supplying CMs/NHPs must only recommend a product where they are satisfied of its safety~~,~~ and quality. They must explain the options available, including the risks and benefits, and assist patients in making informed decisions by providing relevant and independent information.

13. When supplying products or information about treatments/products/services that have no current evidence of proven efficacy pharmacists are expected to:

    a. ensure that patients are informed about the degree to which treatments or products have been evaluated, and

    b. the degree of certainty and predictability that exists about their efficacy and safety

14. Pharmacists must advise patients when scientific support for treatment is lacking.

15. Pharmacists should be aware that some patients may stop using, or change their use of, prescription medicines if they think their health is improving due to their use of CMs/NHP, alternative therapies or rongoā. Patients should be encouraged to continue taking their prescribed medication, and to inform the prescriber of their use of other health products or therapies. Where pharmacists encounter patients who are inappropriately self-treating with CMs/NHPs, they should provide appropriate advice and/or refer them to another health professional.

[1] Medical Council NZ Statement on complementary and alternative medicine. November 2017.

Steps that must be followed by pharmacists during consultations regarding complementary medicines/natural health products where a patient actively seeks advice or a CM/NHP is recommended.

16. You must obtain a patient medical history that meets the standard of competence required for the profession and that collects information regarding the patient's current symptoms, medical conditions, previous and current therapies, particularly conventional prescription and non-prescription medicines, and CMs/NHPs. You must advise patients of the evidence-based conventional treatment options, as reflected by current knowledge.

17. During a patient consultation for CMs/NHPs, in order to assess whether supply is safe and appropriate for a patient you must:

    a. ensure that the proposed product is sourced from a reputable supplier and that the patient is not likely to experience harm from its use

    b. ensure that the use of a CM or NHP will not cause the patient harm by delaying or interfering with access to, or the effectiveness of, accepted conventional medical treatment

    c. have current knowledge about the therapeutic risks and benefits of the CM/NHP and discuss these in an appropriate manner with the patient

    d. make the health and well-being of your patient the first priority

    e. provide sufficient information regarding the CM/NHP to allow patients to make informed choices

    f. not misrepresent information or opinion. Patients must be made aware of the likely effectiveness of a given therapy according to recognised peer-reviewed medical publications, in spite of your personal beliefs

    g. provide the patient with a timeframe for accessing conventional medicine if their condition is unresolved or there is no improvement

When patients actively request supplies of CMs/NHPs from a pharmacist or self- selects product from the pharmacy:

18. The pharmacist, as a health professional has a duty of care to engage and attempt to initiate conversation around safe use of the CM/NHP or referral for conventional treatment when risk of patient harm is perceived. It is appreciated that not all patients will wish to engage in conversation when purchasing a familiar self-selected CM/NHP

19. Pharmacists should make efforts to monitor patients' self-selected use of CMs/NHPs from the pharmacy and engage in discussion with the patient whenever supply may not be in the patients' best interests.

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