

POLICY

Complementary and alternative (“CAM”) products or medicine agents that are intended to modify a human condition shall NOT be recognized as medications by Children’s or Women’s Hospitals. No member of the medical staff may prescribe, no staff may administer, and no pharmacist may dispense any agents that have not been approved for use by the Pharmacy, Therapeutics, and Nutrition (PTN) committee. This policy does not cover medicinal marijuana or cannabinoids which legally are not considered CAM products in Canada.

In Children’s Hospital no such agents shall be provided to patients less than 19 years of age, with the exception of palliative care patients at the discretion of the most responsible practitioner.

In Women’s Hospital the patient may elect to sign a waiver that indemnifies the hospital of any responsibility for the procurement, handling, or effects of the CAM agents (see appendix A). The patient will be responsible for acquiring, storing, and administering the agent on signing the waiver of responsibility. The most responsible practitioner may object to use if they consider that the CAM agent on its own or in interaction with other medications poses a significant risk of harm to the patient.

BACKGROUND

It is recognized that complementary and alternative medicine (CAM) agents are available as a personal choice in the community. It is also recognized that CAM agents are NOT a part of an evidence-based medical system and not categorized as drugs. Very little evidence is available on adverse effect and interactions with conventional therapies.

PROCEDURE

- 1.1 Health care professionals involved in care shall include any CAM therapy in the patient history. Attempts shall be made to ascertain the risk of the CAM to the patient (as it interferes with standard treatment of the patient).
- 1.2 In Children’s Hospital patients, there shall be no mechanism for hospital personnel to prescribe, dispense or administer CAM agents to patient less than 19 years of age (i.e. no provision of a waiver form by patients or parents).
- 1.3 In the event that a significant risk of serious harm to the patient from the CAM is identified, the hospital has the ability to deny access to the CAM medication on its premises.
- 1.4 Pharmacy staff will keep a list of references on CAM agents and will provide information as requested to medical, nursing, or other hospital staff as requested.
- 1.5 In Women’s Hospital, competent adult patients may sign a waiver excluding the hospital from any involvement or responsibility for the CAM agents (see Appendix A). The adult (19 or over) Women’s Hospital patient would retain responsibility for the procurement, storage, and administration of oral or topical (parenteral medications not permitted) CAM agents after signing this waiver form. Patients over age 19 in Children’s Hospital, or younger palliative exception patients, this waiver form may be used and self administration permitted.
- 1.6 There is no provision for recognition of a CAM practitioner as a prescriber at C&W at this time.

- 1.7 Exceptions to provision of CAM therapy can be made in rare circumstances by agreement between a prescriber, nurse, and pharmacist (or other health care provider as appropriate). Circumstances such as end of life or palliative requests will be documented in the patient health record and reviewed by the appropriate medical department heads involved.

Guidelines for Documentation

- 2.1 Medical, nursing, and pharmacy staff and others staff involved in routine patient care who become aware of CAM use, have a responsibility to ensure documentation of use of CAM in the patient chart including; effects of CAM, and any advice given to patient.
- 2.2 Medical and nursing staff have a responsibility to ensure a waiver is completed and signed for adult patients (WH) who desire to use self administration of CAM agents (in Women's Hospital). This documentation is to be considered a permanent part of the patient's health record.

REFERENCES

Minutes of the Pharmacy and Therapeutics Committee (Women's Hospital) 1997
Minutes of the Pharmacy and Therapeutics Committee (Children's Hospital) 1997
Therapeutics Initiative, Therapeutics Letter June/July/August 1998
Canadian Medical Association Journal 1998;158(9) 1161-66
Correspondence from B.C. Healthcare Risk Management Society 1996
Correspondence from Alexander, Holburn, Beaudin and Lang 1997, re-confirmed 2007
Correspondence from College of Pharmacists of B.C. 1997
C&W Medical Staff Rules and Bylaws

**COMPLEMENTARY/ALTERNATIVE MEDICATIONS
WAIVER AND RELEASE OF HOSPITAL RESPONSIBILITY**

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND LIABILITIES. PLEASE READ CAREFULLY.

DISCLAIMER CLAUSE

The Provincial Health Services Authority and Children's and Women's Hospitals are not responsible for any loss or damage suffered by any person from or related to the use of a complementary/alternative medicine(s) by or involving me during this hospital admission (applies to topical or oral use only).

AGREEMENT

I, _____, hereby acknowledge that I wish to take or apply the complementary/alternative medications (listed below) during my hospital admission and I hereby accept full responsibility for and assume all risks for myself and waive any responsibility or duty that the Hospitals may have in these circumstances. In consideration of the Hospitals permitting me to obtain, store, and administer these agents while in hospital I hereby release the Provincial Health Services Authority, the Hospitals, its employees, Chair, Board of Directors and agents and attending physicians from any and all liability for any loss, injury or damage which I may suffer as a result of these activities.

I further agree to indemnify and save harmless the Hospitals, its employees and agents and my physicians from any and all such liability, damages, or losses which they may become liable to pay as a result of permitting the use of these complementary/alternative medications.

Complementary/Alternative medications to be self administered:

I acknowledge that I am over nineteen (19) years of age or older and I have read this Liability Release and I accept the above Disclaimer Clause as evidenced by my signature.

DATED this _____ day of _____, 20__.

Signature of Witness _____

Name of Witness _____

Address of Witness _____

Signature of Patient _____