Background

The goal of complementary and alternative medicine (CAM) in professional nursing practice and palliative care aims to reduce suffering and enhance patient comfort, promoting dimensions of healing in the face of life-limiting illness.

Complementary and alternative medicine has been around for centuries. Ancient philosophers such as Hippocrates, Plato, and Aristotle refer to the use and efficacy of what is now regarded as complementary therapy. The use of complementary therapies in nursing practice dates back to Florence Nightingale, the founder of secular nursing. She describes the use of therapies such as music, heat and cold, back rubs (massage), and nutrition in the holistic care of patients.

People living longer with chronic disease and are looking for ways to improve their quality of life, therefore the use of CAM therapies in the United States is on the rise. According to a 2007 National Health Interview Survey (NHIS), conducted by the Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics (NCHS), the United States public spent $33.9 billion out-of-pocket on CAM therapies over a 12 month period. This includes a total of 38.2% adults and 12% children using one or more complementary therapies. CAM therapies accounted for approximately 1.5% of the total healthcare expenditures and 11.2% of the total out of pocket expenditures by Americans.

Because the field is broad and constantly changing, there are many definitions associated with complementary therapy. The National Center for Complementary and Alternative Medicine (NCCAM), the Federal Government’s lead agency for scientific research on CAM defines it as, “a group of diverse medical and healthcare systems, practices, and products that are not presently considered to be part of conventional medicine.”

An interdisciplinary panel established by the NCCAM in the National Institute of Health (NIH) recommends this definition:
Complementary/alternative therapy is a broad domain of healing resources that encompasses health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the dominant health system of a particular society or culture in a given historical period. CAM includes all such practices and ideas self-defined by their users as preventing or treating illness or promoting health and well being. Boundaries within CAM and between the CAM domain and the domain of the dominant health system are not always sharp and fixed.¹

These definitions reflect the interchangeable wording between “complementary therapy” and “complementary medicine.”

CAM is recognized as an aspect of the integrative nature of professional nursing practice. For this reason, it is important that nurses have education surrounding the safe use and efficacy of CAM. Most State Boards of Nursing now recognize the close relationship between complementary therapies and nursing. Each State Board of Nursing identifies what is within the scope of nursing practice and also defines the basic education and competencies that are required for that practice.⁵ Many types of CAM are also provided by licensed and/or certified therapists and incorporated into the patient’s comprehensive plan of care.

Nursing care for those with life-limiting illness has long embraced the individual as a whole, encompassing the physical, mental, emotional, and spiritual dimensions of care.² Therefore, nursing is a natural fit for the use of complementary therapies. Some of the more common CAM modalities used by nurses include but are not limited to: acupressure, aromatherapy, biofeedback, guided imagery, healing presence, humor, journaling, music therapy, meditation, relaxation, therapeutic touch/healing touch,⁵ and energy fields.⁴ When CAM is used in nursing and integrated into patient care, it should be documented within the scope of professional nursing practice. The action becomes an identified nursing intervention planned to address a nursing problem or concern. For example, the way music therapy may be used for a “disturbed sleep pattern.”⁵ The role of the professional nurse in CAM is ultimately important for positive patient outcomes.

Although there is a lack of empirical evidence at a high level supporting CAM, anecdotal reports indicate that professional nurses who use these modalities report that patients experience an increased level of comfort and well being after receiving these types of therapy.⁶

The Hospice and Palliative Nurses Association (HPNA) is committed to a comprehensive model of care that addresses physical, emotional, and spiritual concerns of persons at the end of life through the use of conventional and complementary therapies.
Position Statement

- Acknowledge the increasing popularity and use of complementary therapies and recognize that this trend has important implications for nursing practice, education, and research.
- Acknowledge the impact cultural diversity has on CAM in America.
- Recognize that many complementary therapies provide a holistic approach to managing symptoms and promoting wellness at the end of life. The holistic approach is consistent with nursing’s historical and philosophical methods of practice.
- Recognize the current and potential role of complementary therapies in the amelioration of symptoms and enhancement of quality of life for patients with life-limiting illness.
- Assure that hospice and palliative nurses have sufficient access to resources about these therapies to guide patients in making informed decisions regarding their care and to incorporate these therapies into a comprehensive plan of care.
- Acknowledge the lack of research surrounding complementary therapies with children; therefore its use should be discussed with the child’s healthcare provider.
- Support basic and continuing nursing education focusing on complementary therapies for patients with life-limiting illness.
- Support and encourage the competent practice of complementary therapies for the purpose of promoting holistic end-of-life care.
- Affirm that some complementary therapies are within the scope of nursing practice.
- Promote regulatory and legislative clarification regarding the scope of nursing practice as it relates to complementary therapies.
- Support safe, rigorous, and ethically sound research that examines the efficacy, costs, and adverse effects of complementary therapies.
- Educate nurses regarding State and Federal regulations on CAM.
- Support the use of licensed and/or certified CAM therapists in the delivery of these services.

Definition of Terms

*Alternative therapies:* those treatment approaches and other unconventional therapies that are used alone or in place of conventional medical and surgical therapies.\(^4\) In contrast, *complementary therapies* are used together with conventional medicine.\(^4\)

*Energy fields:* improvement of health by manipulating energy fields.\(^4\)

*Holistic nursing practice:* approaches and interventions that address the needs of the whole person.\(^1\)
References


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This position statement reflects the bioethics standards or best available clinical evidence at the time of writing or revisions.

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To advance expert care in serious illness.