

# Complementary and alternative therapies: what are our responsibilities?

Throughout history, people faced with complex health conditions that defy simple solutions have pursued unconventional therapies or cures. These are often referred to collectively as complementary and alternative medicine (CAM) (<https://www.britannica.com/science/complementary-and-alternative-medicine>), and are considered to be therapies that lie outside the scope of traditional Western medicine.<sup>1</sup> They may include herbal, spiritual, biomedical, surgical, and physical therapies. The field of childhood disability experiences a wide and continually changing variety of CAM.<sup>2,3</sup>

What these therapies usually have in common is some combination of: (1) claims of effectiveness that rely on anecdotes or methodologically unsound 'research'; (2) explanatory foundations based on questionable biomedical premises; (3) costs borne by the users (not funded by public or insurance schemes); (4) an implication that their effectiveness is related to intensity of treatment (such that treatment 'failure' may be the fault of the users); and (5) often, creation of false hope and lost opportunities to pursue other activities.

As evidence-informed health professionals, what are our responsibilities when asked to consider CAM? The answers may depend on both the question and the questioner.<sup>4</sup> Consider, for example, possible responses to the following scenarios.

## What do you know about CAM?

This question provides an opportunity to review the approach, using, for example, an International Classification of Functioning, Disability and Health-based analysis of the intervention and the supposed science behind it. Our goal should be to inform people about the analytical frameworks we use to assess scientific methods, and what constitutes evidence.

## We are thinking of adopting/offering CAM for our child (or our treatment program)

Here we need to understand what the parents (or the program) hope the CAM therapy may achieve, explore alternate approaches to those goals if they are thought to be achievable, or counsel families if the goals appear to be out of reach, either because the timing is developmentally wrong or because they are simply not achievable given the child's functional impairments. These conversations are both challenging and essential.

## REFERENCES

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## We have decided to use CAM and need a letter of support for the insurance company (or for advocacy for fund-raising in our community)

Here we face an ethical dilemma: balancing our wish to be family-responsive while remaining intellectually honest and exerting caution in endorsing ideas that we suspect or know to be useless or potentially harmful.

## Our program has been urged to provide CAM, and we need your advice

Clearly, the responsibility we bear here is even greater: to support program-wide adoption of a new (CAM) approach requires that our advice should be based on solid evidence – and that is rarely available. (If it were, these approaches would move from CAM to 'evidence-based' status).

I believe that 'if it sounds too good to be true, it probably is'. My personal experiences with, and reactions to, CAM have evolved from righteous indignation and anger to the realization that our professional responsibilities involve counselling people, providing analytical frameworks with which to assess claims of effectiveness of all approaches, ethically discussing potential harm (including lost opportunities to use finite resources in other ways), while supporting families to the best of our ability. It is fascinating that, although many families pursue CAM, at least as many do not – and it can be instructive to hear the cogent answers people provide when asked why they are not using them.

CAM will always be with us. As clinicians, researchers, teachers, and advocates we must continue to explore our field thoughtfully, applying critical ethical and methodological thinking to all the claims about benefits of all interventions.<sup>5</sup> We need to encourage sound and credible research, promote the use of the best of what we know 'works' (based on solid evidence), and try to prevent harm and wasted resources – all the while supporting families with compassion for their predicaments.

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