

# When is the decision to provide Complementary and Alternative Health Care (CAHC) to a child acceptable?

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## The Health Care Professionals Responsibility

### Continuous Education

Health care professionals need to increase their knowledge of CAHC, or at least know where they can find reliable information on the subject, so that they can make valid medical decisions. This however, is currently not the case, and decisions are being made with dangerously inadequate information by both patients and health care professionals. This is not entirely because the information does not exist, but also because the dissemination of the information on the subject has not been effective. The report by Silverstein and Spiegel, *Are physicians aware of the risks of alternative medicine?* supports this: "Physician's knowledge of the side effects and contraindications of ten commonly used herbs was dismal." (17) With the increase in use of CAHC this needs to change. The risk for dangerous drug interactions is too great. Understandably, some believe that seeking information on CAHC use should become a part of the medical history of the patient, as other drugs are. (9) The communication problem has become so bad in fact, it has been said that a reluctance to communicate on the subject of CAHC, and failure to keep up to date on CAHC practices, is a failure to do that which is in the patient's best interest, is morally objectionable, and is possibly a form of malpractice. (10)

## Goals of Treatment

### Five Goals of Treatment

There are five general possible goals of treatment, each of which will change the usefulness of possible therapies. These are:

- Curing the disease
- Managing or minimizing symptoms
- Preventing disease
- Promoting wellness or resilience and minimizing stress or toxins
- Achieving inner peace and harmony (14)

## Overriding Parental Autonomy

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- Only in extreme situations should the right to make medical decisions based on ones religion, culture, or beliefs be overridden (11)
- Parental autonomy should be accepted unless doing so would cause direct, or indirect, serious/substantial/great harm to the child (1,2,3,4,11,12,13,16)

- Parental authority should be critically scrutinized whenever there is a strong disagreement about:

- Medical facts
- Prognosis
- Risks and benefits of ongoing treatment
- If the child is likely to suffer harm as a result of the decision (3)

- To override parental autonomy the following must be established:

- The medical profession is in agreement about what non-experimental medical treatment is right for the child.
- The expected outcome of that treatment is what society agrees to be right for any child, a chance for normal healthy growth toward adulthood or a life worth living
- The expected outcome of denial of that treatment would mean death for the child (11, pg.162-163)

- Overriding parental autonomy is not acceptable in the following situations:

- When there is no proven medical procedure
- When parents are confronted with conflicting medical advice about which, if any, treatment procedure to follow
- When, even if the medical experts agree about treatment, there is a less than a high probability that the non-experimental treatment will enable the child to pursue either a life worth living or a life of relatively normal healthy growth toward adulthood (11, pg.164-165)

## CAHC as a treatment option

### When Is CAHC an Acceptable Medical Option?

According to Eisenberg, physicians should begin to discuss CAHC as a viable treatment option, only after three prerequisites have been fulfilled. The patient:

- Has undergone a complete conventional medical evaluation, including diagnostic assessment and, where indicated, referral to consultants
- Has been advised of conventional therapeutic options
- Has tried or exhausted conventional therapeutic options or refused these options for reasons documented in their record (9)

The apparent consensus in the medical community is that CAHC is an acceptable treatment option under the following conditions:

- Conventional medicine has been tried (7,16)
- Using CAHC will not interfere with known beneficial treatments (15)
- There is no accepted proven treatment (7)
- The physician believes that the patient receiving the CAHC will benefit from it. (18)
- The CAHC will not expose the patient to any degree of risk/harm with no proven, offsetting, benefit. (6,16)
- The decision to use CAHC will be an informed one (13)

In these situations CAHC is an option not necessarily the best one. Only after there has been adequate physician-patient communication and the viability of CAHC as a treatment option has been assessed, can a decision on the course of treatment be made. Ideally, it should be a combined decision with all the parties involved reaching an agreed upon treatment.

## When is CAHC an acceptable treatment option for children?

Using CAHC will not interfere with known curative therapies (14)

Conventional treatment has been tried (7,15)

There is no proven treatment (7)

The CAHC treatment cannot be harmful without a proven offsetting benefit (6,15)

The decision to use CAHC is an informed one (14)

The health care professional feels that the patient will benefit from the CAHC treatment (16)

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## Definition

CAHC is taken to mean any nutritional, biological or chemical agent, or any behavioural or physical therapy administered for therapeutic benefit which is not recognized as a conventional treatment. (15)

## Decision Making Process

### Child involvement in the decision making process

- Children should be involved at an appropriate level in the decision process according to their ability
- As a child matures and becomes increasingly capable of making decisions on his own, the weight of his preferences should increase with regards to what treatment is best (3,5,8,11,18)
- The more severe an illness is for a child and/or the longer a child has had an illness, the greater his decisions and desires about treatment should be acknowledged (3,18)
- A child's right to refuse high risk/low benefit treatment is generous, while the right to refuse low risk/high benefit is limited (11)

*"The majority of children will not have decision-making capacity and will require a proxy to make decisions for them." pg.100 (3)*

### Proxy Decisions for a Child

- Most children, especially younger ones, do not have sufficient goals, values and beliefs to make proxy decision through substitute judgment, an option (5,9,13,16)
- When proxy decisions are made for children they must be done using Best-Interests standard (9,13,16,18)
- A valid treatment decision based on the Best-Interests standard would follow from what "the best obtainable estimate of what reasonable persons would consider the highest net benefit among the available options." (16 pg.139)

*"The values, beliefs, and preferences of the family also play an important role in decision making and should not be ignored when considering the best interests of the child or adolescents" pg.100 (3)*

- Consideration to the following should be given when making a decision in accordance with best interests

- Chances of survival
- The harms and benefits of treatment
- Evidence of long- and short-term medical outcomes of the treatment
- Long term implications for the child or adolescent's suffering and quality of life (3)

### Who is in the best position to make the decision for the child?

The person who is in the best position to make a surrogate decision for a child would fulfill the following four qualifications:

- Ability to make reasoned judgments (competence)
- Adequate knowledge and information
- Emotional stability
- A commitment to the incompetent patient's interests that is free of conflicts of interest and free of controlling influence by those who might not act in the patient's best interests (16)

Parents are unanimously in the best positions to make decisions for their children in accordance with the standard of Best-Interests

Parents are not in the best position to decide in three situations

- When the parents are incompetent to make decisions for themselves
- When there are irresolvable differences between the parents
- When they have clearly relinquished responsibility for the child; in such cases the identification of a legal guardian should precede any decisions regarding withholding treatment (8)