



HPNA Position Statement **Complementary Therapies in Palliative Care Nursing Practice**

Background

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

Complementary therapies have 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.¹ The use of CAM in nursing practice dates back to Florence Nightingale, the founder of secular nursing. She describes the use of complementary therapies such as music, heat and cold, back rubs (massage) and nutrition in the holistic care of patients.¹

Due to an increase in national interest, as well as the growing diversity of the American population, complementary and alternative medicine has blossomed into “one of the most exciting evolutions in healthcare for the twenty-first century.”^{2, p. 380} According to a 2002 National Health Interview Survey (NHIS), conducted by the Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics (NCHS), 36% of those surveyed used one or more complementary therapies over a 12 month period.³ Total expenditures by the United States public have been estimated some where between 36 billion and 47 billion dollars.³ Of these totals, services paid for out of pocket fell between 12.2 billion and 19.6 billion dollars.³

There are many definitions associated with complementary therapy. The National Center for Complementary and Alternative Medicine (NCCAM) 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.”⁴

The 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 and therapeutic touch/healing touch.⁵ 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

This is the position of the HPNA Board of Directors:

- 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.
- 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

Holistic nursing practice: approaches and interventions that address the needs of the whole person.¹

References

1. Lindquist R, Snyder M. Issues in complementary therapies: how we got to where we are. *Online J Issues Nurs.* 2001;6(2): Manuscript 1. Available at <http://www.nursingworld.org/ojin/>. Accessed March 3, 2008.
2. Osterlund H, Beirne P. Complementary therapies. In: Ferrell BR, Coyle N, eds. *Textbook of Palliative Nursing.* New York, NY: Oxford University Press; 2001: 380.

3. Barnes PM, Powell-Griner E, McFann K, Nahim RL. *Complementary and alternative medicine use among adults: United States, 2002. Advance data from vital and health statistics: no 343*. Hyattsville, MD: National Center of Health Statistics; 2004. Available at nccam.nih.gov/news/report.pdf Accessed March 26, 2008.
4. National Center for Complementary and Alternative Medicine. *What is Complementary and Alternative Medicine (CAM)?* Available at nccam.nih.gov/health/whatiscam/. Accessed March 4, 2008.
5. Frisch N. Nursing as a context for alternative/complementary modalities. *Online J Issues Nurs*. 2001;6(2): Manuscript 2. Available at www.nursingworld.org/ojin/. Accessed March 3, 2008.
6. Sparber A. State boards of nursing and scope of practice of registered nurses performing complementary therapies. *Online J Issues Nurs*. 2001;6(3): Manuscript 10. Available at www.nursingworld.org/ojin/. Accessed March 4, 2008.

Originally Developed in 2002 by:

Mary Ersek, PhD, RN, FAAN

Revised by:

Susan. K. Rogers, MS, BSN, RN, CHPN®

Beth A. Werner ABA, RN, CHPN®

Approved by the HPNA Board of Directors

April 2008

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

Copyright © 2008 by the Hospice and Palliative Nurses Association

To obtain copies of HPNA Position statements, contact the National Office at

One Penn Center West, Suite 229, Pittsburgh, PA 15276-0100

Phone (412) 787-9301

Fax (412) 787-9305

Website www.HPNA.org