An insight into the AVMA Guidelines for Complementary and Alternative Veterinary Medicine

Alternative and Complementary Therapies Task Force

The Guidelines for Complementary and Alternative Veterinary Medicine (CAVM) were developed to provide information on this issue for the veterinary profession. It is hoped the efforts of the dedicated members of the task force are evident in the final product.

A look back

The AVMA history regarding CAVM began in 1980 with the approval of the initial position statement regarding acupuncture. Subsequent revisions of the guidelines were approved in 1988 and 1996.

In 1996, the AVMA Executive Board recognized that this area was undergoing rapid changes that could impact the veterinary profession and necessitate changes to the guidelines. Thus, at the time that they approved the guidelines, the executive board also approved a recommendation that the guidelines be reviewed again in 3 years (ie, 1999).

Selecting the task force

In November of 1998, the AVMA Executive Board designated the protocol for the task force on Alternative and Complementary Therapies, including the charge to the task force, composition (number of members and categories of the profession that each would represent [eg, representing Private Practice, Predominantly Food Animal]), expected number of meetings, and anticipated time frame. Similar to the procedure for all AVMA committees, AVMA staff then sent letters to each organization in the AVMA House of Delegates informing them of the task force and requesting nominations for the various positions. Each nomination form included a brief biographical sketch of the nominee and a signed statement indicating the willingness of that nominee to serve if appointed. In April 1999, the AVMA Executive Board reviewed the nominees and appointed the 9 members of the task force.

The 9 members of the task force and the positions they represented are as follows:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Category</th>
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<tbody>
<tr>
<td>Hubert J. Karreman</td>
<td>VMD (Private Practice, Predominantly Food Animal)</td>
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<tr>
<td>William A. Moyer</td>
<td>DVM (Academic Clinician)</td>
<td></td>
</tr>
<tr>
<td>James R. Corley</td>
<td>DVM (American Association of Veterinary State Boards)</td>
<td></td>
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<tr>
<td>Victor E. Valli</td>
<td>DVM, PhD, DACVP (Association of American Veterinary Medical Colleges)</td>
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<tr>
<td>Harmon A. Rogers</td>
<td>DVM, DABVP; Chair (Executive Board)</td>
<td></td>
</tr>
<tr>
<td>Joyce C. Harman</td>
<td>DVM (Private Practice, Predominantly Equine)</td>
<td>Uses only traditional Western medicine</td>
</tr>
<tr>
<td>Ralph E. Werner, Jr.</td>
<td>VMD, DABVP (Private Practice, Predominantly Small Animal)</td>
<td>Uses only traditional Western medicine</td>
</tr>
<tr>
<td>Darren M. Hawks</td>
<td>DVM, DACVIM (Private Practice, Predominantly Small Animal)</td>
<td>Uses alternative and complementary methods as well as traditional Western medicine</td>
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Creating a worthy document

The task force met in October 1999 and again in February 2000 but was unable to compile a document considered appropriate for presentation to the AVMA Executive Board. Task force members continued their efforts via electronic communications. After numerous telephone calls, faxes, and > 8 million bytes of e-mail, they developed a document that they believed was suitable for review by other entities.

Because of the controversial nature of this topic, the AVMA Executive Board took the unprecedented action of placing the draft of the proposed AVMA guidelines on the AVMA Web site to allow comment from interested parties. This allowed the AVMA to receive comments from the public and other health professionals as well as AVMA members and other veterinarians.

The proposed guidelines were posted in a public area on the AVMA Web site from December 15, 2000 to January 31, 2001, and letters of comment were accepted if postmarked before February 15, 2001. The December 15 issue of the Journal of the AVMA contained an announcement about the posting of the proposed guidelines and the comment period.

Care to comment?

The Web page containing the proposed guidelines was accessed 6,976 times from Dec 15 through Jan 31. The electronic file of the guidelines was downloaded 847 times during the same period. In addition, AVMA staff faxed or e-mailed copies of the guidelines in response to 21 requests.

The AVMA received 2,114 letters of comment. Most of the letters were from pet owners, but there were 683 (32.3%) letters from veterinarians as well as letters from students enrolled in veterinary medical colleges, veterinary technicians and other veterinary hospital employees, and other interested nonveterinarians. Nineteen organizations also offered comments on behalf of their members. Each letter was copied and sent to every member of the task force.

Although some letters indicated support for the proposed guidelines, perceived flaws or issues that needed additional clarification or revision were repeatedly identified. The task force did not count votes on the pro-
The objective in veterinary medicine is patient welfare. It is the belief of the AVMA that animals receive the best care when a veterinarian is involved in the provision of that care. Thus, the guidelines state that a veterinarian should examine an animal and establish a preliminary diagnosis before any treatment is initiated. Therapeutic options should be discussed with the client, and informed consent should be obtained. This should be performed within the confines of a valid veterinarian-client-patient relationship. When it is deemed appropriate for an animal to receive CAVM, veterinarians who have attained sufficient education in the modalities they wish to use can provide such treatment. Conditions under which nonveterinarians can provide CAVM to animals will be defined by practice acts of each state, which govern veterinary medicine and other healthcare professionals within that state.

Assessing CAVM

The task force believed it was beyond its scope to attempt to critically review the Vemomoment and evidence for the efficacy and safety of each modality within CAVM. Likewise, it was beyond the scope of the task force to extensively evaluate information on new uses for established and documented treatments and therapies. Therefore, the guidelines indicate the necessity for each veterinarian to critically evaluate the available information regarding the use of any type of unproven treatment or therapy.

Similarly, the task force believed it was beyond its scope to attempt to critically evaluate educational programs in CAVM. The AVMA has not evaluated the training programs of other organizations; thus, the AVMA cannot make recommendations regarding those programs. To obtain additional information about educational opportunities, it is incumbent for interested veterinarians to contact organizations listed in the AVMA Membership Directory, such as the American Holistic Veterinary Medical Association, the Academy of Veterinary Homeopathy, the International Veterinary Acupuncture Society, the American Veterinary Chiropractic Association, and the American Academy of Veterinary Acupuncture. It would also behoove them to speak with others who have participated in such training programs to obtain perceptions of the quality of the educational experiences.

A look into the crystal ball

The task force believes it has created a set of guidelines that will stand the test of time. The concepts incorporated into the document should be valid for many years.

The guidelines urge veterinarians to use their abilities to critically evaluate information and to discard treatments that are proven to be unsafe or ineffective. It is hoped that controlled scientifically conducted studies will provide veterinarians with the best information for use when assessing any unproven treatments. The efforts of researchers and clinicians will undoubtedly provide new information, which may necessitate review and revision of the guidelines. However, a willingness to adapt to new information and to incorporate it for the betterment of our patients is a vital component in maintaining a vibrant, dynamic veterinary profession. The task force hopes you would agree.

Important concepts

One of the universal concepts that the task force attempted to achieve is that there is only 1 veterinary medicine and only 1 standard by which it should be assessed. All treatments and modalities should be judged by the same criteria and held to the same standards. Descriptive terms such as holistic, conventional, traditional, alternative, integrative, or complementary do not enhance the quality of care provided and should not receive special consideration when judging the safety and efficacy of those treatments.

The task force constantly strived to identify things that all veterinarians have in common rather than items that may divide. By its very nature, the veterinary profession is extremely diverse. However, the standards used to critically evaluate safety and efficacy should apply to all treatments and modalities, regardless of whether they are called CAVM, conventional, or some other term. Because of the lack of data for some areas of veterinary medicine, it is necessary for veterinarians to extrapolate information when formulating treatment options. The task force recognized this is a vital aspect of our profession, and the guidelines encourage veterinarians to critically evaluate the information for any treatment and thereby apply it to a specific clinical situation.

Another important concept is that veterinarians retain the ability to choose treatment options they believe are most appropriate for their patients. These guidelines do not prohibit veterinarians from using CAVM, and they explicitly state that the foremost objective in veterinary medicine is patient welfare.
AVMA Guidelines for Complementary and Alternative Veterinary Medicine

Introduction
These guidelines are intended to help veterinarians make informed and judicious decisions regarding medical approaches known by several terms including “complementary,” “alternative,” and “integrative.” Collectively, these approaches have been described as Complementary and Alternative Veterinary Medicine (CAVM). The AVMA recognizes the interest in and use of these modalities and is open to their consideration.

The AVMA believes that all veterinary medicine, including CAVM, should be held to the same standards. Claims for safety and effectiveness ultimately should be proven by the scientific method. Circumstances commonly require that veterinarians extrapolate information when formulating a course of therapy. Veterinarians should exercise caution in such circumstances. Practices and philosophies that are ineffective or unsafe should be discarded.

Terminology
The identification of standard and broadly accepted definitions applicable to CAVM, including the definition of CAVM itself, is challenging. These guidelines identify CAVM as a heterogeneous group of preventive, diagnostic, and therapeutic philosophies and practices. The theoretical bases and techniques of CAVM may diverge from veterinary medicine routinely taught in North American veterinary medical schools or may differ from current scientific knowledge, or both.

It is not the intent of these guidelines to determine or describe the relative value of the individual modalities. The evidence pertaining to, and the practice of, individual CAVM modalities differ. Current examples of CAVM include, but are not limited to, aromatherapy; Bach flower remedy therapy; energy therapy; low-energy photon therapy; magnetic field therapy; orthomolecular therapy; veterinary acupuncture, acupressure; veterinary homeopathy; veterinary manual or manipulative therapy (similar to osteopathy, chiropractic, or physical medicine and therapy); veterinary nutraceutical therapy; and veterinary phytotherapy.

Education, training, and certification
The AVMA believes veterinarians should ensure that they have the requisite skills and knowledge for any treatment modality they may consider using. The AVMA does not officially recognize diploma-status or certificates other than those awarded by veterinary specialty organizations that are members of the AVMA American Board of Veterinary Specialties (ABVS), nor has it evaluated the training or education programs of other entities that provide such certificates. Recognition of a veterinary specialty organization by the AVMA requires demonstration of a substantial body of scientific knowledge. The AVMA encourages CAVM organizations to demonstrate such a body of knowledge.

Recommendations for patient care
The foremost objective in veterinary medicine is patient welfare. Ideally, sound veterinary medicine is effective, safe, proven, and holistic in that it considers all aspects of the animal patient in the context of its environment.

Diagnosis should be based on sound, accepted principles of veterinary medicine. Proven treatment methods should be discussed with the owner or authorized agent when presenting the treatment options available. Informed consent should be obtained prior to initiating any treatment including CAVM.

Clients usually choose a medical course of action on the advice of their veterinarian. Recommendations for effective and safe care should be based on available scientific knowledge and the medical judgment of the veterinarian.

Responsibilities
State statutes define and regulate the practice of veterinary medicine including many aspects of CAVM. These guidelines support the requisite interaction described in the definition of the veterinarian-client-patient relationship. Accordingly, a veterinarian should examine an animal and establish a preliminary diagnosis before any treatment is initiated.

The quality of studies and reports pertaining to CAVM varies; therefore, it is incumbent on a veterinarian to critically evaluate the literature and other sources of information. Veterinarians and organizations providing or promoting CAVM are encouraged to join with the AVMA in advocating sound research necessary to establish proof of safety and efficacy.

Medical records should meet statutory requirements. Information should be clear and complete. Records should contain documentation of client communications and informed consent.

In general, veterinarians should not use treatments that conflict with state or federal regulations. Veterinarians should be aware that animal nutritional supplements and botanicals typically are not subject to premmarket evaluation by the FDA for purity, safety, or efficacy and may contain active pharmacologic agents or unknown substances. Manufacturers of veterinary devices may not be required to obtain premmarket approval by the FDA for assurance of safety or efficacy. Data establishing the efficacy and safety of such products and devices should ultimately be demonstrated. To assure the safety of the food supply, veterinarians should be judicious in the use of products or devices for the treatment of food-producing animals.

If a human health hazard is anticipated in the course of a disease or as a result of therapy, it should be made known to the client.

Reference