Standards of Naturopathic Medical Practice

I. Introduction

A.) The purpose for standards of practice is to:

1.) Provide criteria which act as guidelines for the daily practice of naturopathic medicine.
2.) Identify the responsibilities of the naturopathic physician to the public and to maintain public safety.
3.) Ensure that the interests of public health are maintained.
4.)Provide state boards, licensing and federal agencies guidelines with which to evaluate professional actions.
5.)Provide a template for newly licensed states to develop standards criteria based on licensing laws.
6.) Provide assurance of uniform agreement among the naturopathic profession as to the principles and practice of naturopathic medicine.
7.) Periodically review and, where necessary, modify standards of practice and care in order to assure public safety, compliance with public health standards and accommodate the ongoing advances in medical thought.

B. Definition of terms:

1.)Standards - that which is established by custom or authority as a model, criterion, or rule for comparison of measurement.
2.) Care - supervision, charge; in the care of a doctor.
3.) Practice - the use by a health care professional of knowledge and skill to provide a service in the:
    a.) Prevention of illness.
    b.) Diagnosis and treatment of disease.
    c.) Maintenance of health.
4.) Service - to be of assistance, to render aid.
5.) **Standards of Practice** - the established authority, custom or model by which the health care is delivered by the naturopathic physician shall include, but not be limited to:
    a.) Prevention of illness/disease.
    b.) Diagnosis and treatment of illness/disease.
    c.) Maintenance of health.
6.)**Standards of Care** - the established model, criterion or rule by which the physician undertakes their supervision or care of the individual patient.

C. Naturopathic medicine is defined as follows:

1.) See Definition of Naturopathic Medicine

D. Scope of practice:

1.) The scope of a naturopathic physicians practice is eclectic and dynamic in nature.
2.) The naturopathic physician is trained to understand and utilize a wide variety of therapeutic modalities and selects the treatment that in their opinion, best serves the patient's condition.
3.) The types of therapeutics a physician may choose from but are not limited to:
    a.) Acupuncture
    b.) Botanical medicine
    c.) Clinical nutrition & nutritional counseling
    d.) Electrotherapy
    e.) Homeopathy
    f.) Hydrotherapy
    g.) Light and air therapy
    h.) Massage therapy / neuro-muscular technique
    i.) Natural childbirth
    j.) Naturopathic manipulative technique
    k.) Orthopedics
    l.) Physical medicine
    m.) Psychotherapy and counseling
    n.) Soft tissue manipulation
    o.) Surgery
    p.) Use of appropriate pharmacological agents

4.) The naturopathic physician is obligated to keep up with the changes in medicine; this may be accomplished through:
    a.) Continuing education seminars, preceptorships, post graduate study, internships or residency programs, (see education section VII A).
    b.) In the event the physician belongs to a specialty society, they are obligated to maintain the standards of education set by the society.
5.)The naturopathic physician has an obligation to critically and without bias evaluate new therapeutic agents and methods which may be of benefit to their patients.
6.) The naturopathic physician is encouraged to continually evolve his or her manner of practice of health care to provide increased benefit to his or her patients.

E. A naturopathic physician is trained to be a primary care family practice physician. Individual physicians may choose to specialize in certain methods, modalities or areas of practice within the scope of a general practice. In those instances the physician is obligated to:

1.) Notify the patient and their colleagues of the nature of any such limitations.
    a.) This may be accomplished by notification at the time of first visit; on the physician’s letterhead or business card; or by advertisement.
2.) Any physician who has a limited practice is obligated to make appropriate referrals if requested by the patient or deemed necessary by the physician.

3.) A naturopathic physician trained as a primary care, family practice physician may choose to emphasize or specialize in a specific area either singly or within the scope of a general practice.

F. Code of ethics:
1.) see guidelines

G. Naturopathic physicians are trained as primary care, family practice physicians and have a responsibility to the patient to provide the best health care available. The patient can expect his or her health care to include some or all of the following:
1.) Diet and nutrition analysis and counseling.
2.) Lifestyle and risk assessment.
3.) Preventive medicine programs.
4.) Appropriate physical examination.
5.) Appropriate laboratory and radiographic analysis.
6.) Appropriate referral when necessary.
7.) Thorough history.
8.) Appropriate follow up.
9.) Accurate diagnosis.

H. Patients are entitled to:
1.) Compliance with state, local and public health guidelines by naturopathic physicians.
2.) Treatment with respect and dignity.
3.) Respect for privacy.
4.) Honest and ethical treatment.
5.) Confidentiality.

I. The American Association of Naturopathic Physicians through its membership and House of Delegates is responsible for the development, on going review, modification and implementation of standards of practice and care.
1.) These shall be subject to review every 5 years or at the discretion of the Board of Directors.

II. Patient Evaluation

A. Record Keeping
1.) All naturopathic physicians should keep clear and concise chart notes documenting patient care.

2.) It is important that the record be legible, orderly, complete and that abbreviations/symbols employed are commonly used and understood.
3.) There are several important reasons for keeping charts.
a.) Memory for on-going care.
b.) Communicating with other health care professionals.
c.) In-office research.
d.) Important administrative and legal documents.
e.) Basis of a peer review process.
4.) It is recommended that the Problem Oriented Medical Record, also known as the SOAP format, be used as the standard form for keeping records.

B. Types of data collected; and whom it may be collected from:
1.) The individual affected.
2.) Family, friends.
3.) Medical records may be obtained from previous physicians, or other health care providers, for the purpose of patient evaluation.

C. Subjective: The History
1.) The written record of the patient history should include the following. Patient intake forms may be used for these purposes.
a.) Identifying data: Name, sex, relationship status, occupation, nationality.
b.) Chief Complaint: Best done in the patients' own words and a priority of complaints from most to least important may be assigned.
c.) Present illness: State the problem(s) as it is at the moment, clarifying the time course in a chronological manner. Include any concurrent medical problems.
d.) Past Medical History: Previous illnesses, surgeries, medications, hospitalizations, childhood illnesses, accidents or injuries, pregnancies.
e.) Current Health Status: Allergies (drugs, food or inhalant), current medications and supplements (prescription and OTC), immunization history, tobacco, alcohol or recreational drug use, exercise and leisure activities, sleep habits, diet (breakfast, lunch, dinner, snacks), environmental hazards.
f.) Family History: Diagramming familial tendencies, genetic predispositions and infectious diseases.
g.) Psychosocial: Brief biography, family/home situation, occupation, lifestyle, emotional make-up, stressors, typical days events.
h.) Review of Systems: Placed in a structured system-by-system ROS section, or simply writing out the positive findings and the pertinent negatives.
2.) Objective: Physical Exam, mental status, lab findings. Using a form will simplify the process. A standard format includes: Patient’s general appearance,

vital signs and the results of the rest of the examination, be it regional or comprehensive.

a.) If a mental status exam was done it should be included with the physical exam under the Objective data.

b.) Results of laboratory studies completed soon after the patient visit may likewise be included.

III. Diagnosis

A. In the establishment of the diagnosis, the following types of diagnostic criteria may be used by the naturopathic physician.

1.) Conventional medical diagnostic criteria, as found under section II.

2.) Other diagnostic criteria may be used, including those of non western medical traditions such as Aryuvedic, Oriental etc..

B. All diagnostic criteria must be consistent with other health care disciplines which utilize the same criteria.

1.) A combination of conventional and other diagnostic methods may be used by the physician.

2.) Any physician utilizing diagnostic criteria which are other than conventional and/or experimental is also encouraged to apply conventional forms when:

a.) The patient is also being evaluated by another health care provider for the same or a related condition, in order to maintain continuity among the different disciplines of medicine and to assure quality patient care.

b.) When faced with a life threatening or degenerative illness when there is the possibility that interventive therapies may be needed.

c.) The physician knows that the patient will need referral for the same or other illnesses.

e.) At the patient's request.

f.) As required by state laws.

IV. Plan

The naturopathic physician develops a specific written health plan for each patient which is:

A. Rational, i.e., it is:

1.) Based on identified needs.

2.) Realistic in its goals.

3.) Practical in light of the patient's condition and situation.

4.) In the best interest of the patient.

5.) Logical in sequence and internally consistent.
6.) Prioritized to the patient's most pressing conditions.
7.) Compatible with other therapies the patient may be undergoing.
8.) Cost effective.
9.) Flexible to accommodate new developments/ findings.
10.) Experimental only with informed consent and only in areas of doctor expertise.

B. Based on proper assessment, including:
1.) Ruling out / identifying life-threatening or hidden conditions with appropriate history, examination and testing, including referral for specialized evaluation, when appropriate.
2.) Allowing for timely on-going reassessment.

C. Based on naturopathic principles including:
1.) Stimulating the patient's vital force to promote healing or, in special instances, supplementing or replacing the action of the vital force when the patient is unable to respond to curative treatment.
2.) Removing the cause of conditions, when known.
3.) Choosing treatments which pose the least risk of patient harm.
4.) Individualizing treatments to the whole patient, including referral to appropriate adjunctive health resources for specialized therapies.
5.) Educating the patient to participate responsibly in his or her own health care and to learn principles for building of health and preventing future disease.
6.) Involving, when appropriate, others significant to the patient in the treatment plan.
7.) Prevention of disease.

D. Self-critical, i.e., it has:
1.) A mechanism for timely evaluation of plan effectiveness.
2.) A mechanism for timely modification of failed plans, including referral to other appropriate practitioners.

V. Assessment of patient's progress

A. Who may determine - Progress is ultimately determined by the physician, in concert with the patient. Family members may be involved in assessment of progress, and may be consulted by the physician to aid in these determinations. Although final assessment must rest with the physician, this is only meaningful when the patient understands and accepts the advice of the physician. If the patient disagrees with the physician over assessment of progress, which can not be resolved by the application of objective criteria, the patient should be encouraged to seek a second opinion.

B. How is the assessment made.

1.) Assessment of medical progress includes two aspects, the subject and the objective.

a.) Subjective evaluation of assessment is primarily the determination of the patient: Such assessment is solicited and recorded by the physician, and is a gauge of progress. It is generally considered not as reliable a gauge as objective assessment of progress.

b.) Objective measurement of progress occurs in several forms. The first form is in determining the restoration of function or decrease in symptom. This can be done by physical measurements, function scales, etc.. Another method is by laboratory or radiographic analysis

c.) It is expected that the physician will use both aspects of assessment of the patient's progress when appropriate.

2.) Assessment: The assessment should begin with an "abstract" of the history and physical, recapping the findings in a way that supports the differential diagnosis or working diagnosis. Included should be some explanation of the analysis and reasoning that went into it. This may also include:

a.) What type of care is needed, including immediacy, acute, chronic, long or short term.

b.) A discussion of naturopathic considerations should included: Tolle Causum, Vis Medicatrix Naturae or vital force.

c.) The patient's ability to respond to treatment should also be assessed by the physician. The judgment is based on past medical history and the physician's subjective assessment.

3) Objective assessment of progress is the use of conventional diagnostic and laboratory methods. These should be employed when necessary, at the discretion of the physician.

a.) Objective assessment may also include the traditional or empirical such as pulse, tongue, iris, reflex point, "applied kinesiology", or whichever of the traditional methods the physician employs, including experimental.

b.) A fourth kind of objective assessment would include the experimental forms. Physicians are encouraged to develop the practice of naturopathic medicine by experimenting with methods of assessment, as appropriate. Experimental methods should be used in conjunction with conventional and traditional methods of evaluation. (See guidelines for education and research.)

C. Physician Response

1.) A patient's progress measured against the physician's prognosis will determine the physician's response to treatment.

a.) If assessed progress is deemed appropriate, the treatment plan should be continued. Treatment would be discontinued

when sufficient progress had been achieved, or revised, based upon the patient's response.

b.) Lack of appropriate progress could indicate the need for reevaluation of the treatment plan. or it may indicate need for reevaluation of the condition or underlying basis of the condition being treated.

c.) In cases where no progress is made, at some point the determination to refer the patient for consultation with another physician may be necessary. This prerogative always lies with the patient, but is also the responsibility of the physician. If the physician determines that s/he has reached the limit of time or expertise after which no further progress could be expected, referral may be appropriate. The timing of this determination is based in part upon the prognosis in the patient's case. It is assumed that a referral for this purpose will be made in a timely manner, to preserve the health of the patient.

VI. Patient participation in health

A. Patient's rights - recognizing that patients are inherently responsible for their own health, the naturopathic physician is committed to their right of:

1.) Informed consent.

2.) To have all information provided for them to make informed and educated decisions.

a.) The naturopathic physician is obligated to present the patient with all the options for medical care in an unbiased manner.

b.) The physician has the right, and may choose to express their opinions as to the quality of the different types of health care options, or if requested to by the patient.

3.) Freedom of choice in health care.

B. Choice of medical care is understood to ultimately be the patient's

1.) Recognizing that the disease process is the patient's, the decision for treatment is ultimately theirs.

2.) The physician is strongly encouraged not to make the choice for the patient if requested by them.

C. Physician's role in patient’s illness is to:

1.) Provide guidance for the patient. This may include the use of printed educational or informational materials, counseling or referral to appropriate agencies.

2.) Provide optimal care, which may include referral to institutions or physicians which can better provide those services.

3.) Inform patients of their progress, through family or individual conferences, periodic or yearly evaluations, by letter or phone consultation.

4.) Refer patient if no progress is being made in their treatment after a reasonable length of time.
5.) Change treatment protocol based upon reevaluation of the case.

D. Appropriateness of patient participation
1.) Patient participation in their own health care is encouraged by naturopathic physicians as it is recognized that such participation leads to better compliance and a faster recovery.
a.) The physician must assess whether the patient has the ability to participate; this assessment should include:
1.) Ability of the patient to understand the nature of the illness.
2.) Ability of the patient to understand the medical options available and their consequences.
3.) The patient's mental status.
4.) Ability of the patient to make an informed consent.

E. Setting priorities & goals:
1.) Who may determine:
a.) The physician, patient or a combination of both may set the goals and priorities.
b.) If in the option of the physician, the patient makes a choice that may be harmful to themselves, the physician may:
1.) Refuse to participate further in the health care of the patient. This is accomplished both verbally and in writing.
2.) Refer the patient.
2.) Family participation:
a.) Family members may participate at the discretion of the patient or the physician.
b.) In the event that the patient is unable to make choices for themselves or participate in their health care, their spouse, parent, eldest or designated child or court appointed guardian or advocate may participate on their behalf.

F. Revising health care plans
1.) Health care plans should be reviewed at periods determined by the physician. These commonly occur at each visit but should be reviewed in the event the patient fails to progress.

VII. Naturopathic Physician's role in health promotion

A. Prevention
1.) Naturopathic medicine emphasizes the prevention of disease. This is accomplished through education and the promotion of healthy ways of living. The naturopathic physician assesses risk factors and hereditary susceptibility to disease, and makes appropriate interventions to prevent illness. Naturopathic medicine asserts that one cannot be healthy in an

unhealthy environment, and strives to create a world in which humanity may thrive. (see the Definition of Naturopathic Medicine)

2.) Naturopathic physicians therefore have a wellness orientation.
- a.) Encourage the individual towards independence and self-direction.
- b.) View health optimization as the ultimate goal rather than crisis intervention.
- c.) Assist the individual to identify, testing out, and evaluation of constructive patterns of living.
- d.) Reinforce positive behavior patterns.

B. Public health

1.) The naturopathic physician follows the guidelines of the public health service.
- a.) Reporting diseases:
  - 1.) Observe and be subject to all laws and regulations relative to reporting births and all matters pertaining to the public health with equal rights and obligations as physicians and practitioners of other schools of medicine, (from Hawaii Revised Status 455-8 and ORS 685.040).
- b.) Keeping up with public health data.
  - 1.) Center for Disease Control updates.
  - 2.) State health department updates.
- c.) Informing the public.

2.) Methods by which prevention and maintenance of health may be achieved.
- a.) Employ a variety of naturopathic interventions to assist individuals to achieve their optimum health.
- b.) Periodic screening for common risk factors such as:
  - 1.) Elevated serum (blood) cholesterol
  - 2.) Hypertension
  - 3.) Obesity
- c.) Periodic screening for specific diseases such as:
  - 1.) Cancer
  - 2.) Coronary artery disease
  - 3.) Diabetes
  - 4.) Glaucoma
  - 5.) Osteoporosis
  - 6.) Thyroid dysfunction
- d.) Immunization
  - 1.) See AANP position paper
  - 2.) Informed consent
- e.) Preventive methods
  - 1.) Natural foods diet, allergen avoidance
  - 2.) Antioxidants
  - 3.) Quality air and sunshine
  - 4.) Avoidance of environmental hazards (sunburn, fluorescent lights, VDT's, etc)
  - 5.) Hygiene and sanitation

6.) Elimination of body wastes (colonic irrigation, etc)
7.) Exercise and posture
8.) Botanical and homeopathic medicines
9.) Stress reduction and management
10.) Mental hygiene
11.) Self actualization

f.) Health education
1.) Identify the learning needs of the individual.
2.) Use appropriate teaching techniques to meet the individual's learning needs.
3.) Evaluate the teaching carried out.

VIII. Guidelines for education & research

(These recommendations do not supersede established state guidelines.)

A. Continuing education recommendations.

1.) Continuing education shall be recommended of all naturopathic physicians, including those who practice in unlicensed states. The physician should complete a total of 20 hours which may come from the following sources:

a.) Professional level courses which pertain directly to the medical aspect of naturopathic practice.
1.) These include approved C.E. hours in licensed states.
2.) Business courses are not applicable.

b.) Independent study which includes preparation time for those who teach medical students or for professional level courses.
1.) This does not include public talks, preparation time for handouts or visual aids.

c.) Group study with case review, one hour for every three hours.

d.) Preceptorships with licensed physicians or institutions, one hour for every three hours.

e.) Involvement with examination writing, cut scoring, review and research, one hour for every three hours.

2. Each physician shall keep a record of continuing education activities.
a.) This may be done by the state Boards of Naturopathic Examiners.

B. Research guidelines - It is recommended:

1.) Clearly explain to the patient verbally and in writing:
a.) What the protocol involves.
b.) What other treatment options exist.
c.) The length of time of the protocol.
d.) The level of safety/risks of the protocol or its individual parts.
e.) The cost of the protocol.

2.) The studies must be humanitarian in that they do not knowingly or by neglect cause bodily harm or significant emotional harm to the participants.

3.) Review of the study which would be required for those studies which presented possible harm but would be required for those studies which presented little possibility of harm to the patient.
    a.) The review committee shall consist of three or more physicians or specialists in the related field(s) which shall review and approve the study.
    b.) At least one member of the review committee shall be knowledgeable in the area of research design.
    c.) The physician in charge of the study shall be responsible for obtaining approval from an appropriately qualified review committee and for keeping written documents of their approval until completion and publication of the study.
4.) Documentation of research.
    a.) Case studies - no documentation is required other than standard charting procedures.
        1.) Careful and detailed follow-up is recommended.
        2.) It is recommended that case study protocol and their results be kept on file so that they may be used for providing the basis of further study and research.
    b.) Formal studies - the following documentation is recommended:
        1.) Statement of purpose.
        2.) Summary of pertinent literature review.
        3.) Study design and protocol.
        4.) Screening requirements for participants.
        5.) Participant consent forms.
        6.) Analysis of methods.
        7.) Raw data.
        8.) Data analysis and conclusions.

C. Critical review of studies and new methods.
1. Introduction: Critical review of new methods in medicine needs to take into account the potential that the methods have for causing harm to the public. The naturopathic medical profession endeavors to avoid unnecessary judgment of new methods and theories but rather to review them critically, embracing those which stand the test of time and scientific scrutiny.
    a.) Peer review - as per section VIII B3.
    b.) Peer review infractions:
        1.) In the event that the guidelines under section VIII B are not met by a physician conducting a case study or formal study protocol, a review may be undertaken by the Research Review Committee (RRC) of the AANP.
        2.) The RRC may notify the physician that they are in violation of the research guidelines and may take other actions as appropriate.

D. Publication

1.) There are no additional standards for publication of research in natural medicine than those which already exist. Articles submitted to the different publications, including the Journal of Naturopathic Medicine, shall follow the guidelines established by those publications.
2.) The naturopathic physician is strongly encouraged to publish the results of any research conducted.
    a.) For those physicians who are conducting clinical trials with unproven or marginally proven therapies or diagnostic procedures, the profession of naturopathic medicine considers it crucial that the results of their studies be made available for other physicians to critically and unbiasedly examine.