



## **American Association of Naturopathic Physicians (AANP) Guidance Regarding Naturopathic Practice and Care**

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**Introduction** –This guidance document describes established practices, models, and criteria by which a naturopathic doctor/physician (ND) undertakes evaluation, consultation and/or management of an individual patient. This document is offered as general guidance for NDs and practice consistent with its provisions, while encouraged, is voluntary. This guidance is intended to apply to general practice, but may not be applicable in all clinical circumstances or jurisdictions. NDs must use their independent judgment to apply the guidance to their practice in accordance with the applicable laws, regulations, and ordinances of their jurisdictions.

**Naturopathic medicine** - A distinct system of primary health care - an art, science, philosophy and practice of diagnosis, treatment and prevention of illness. Naturopathic medicine is distinguished by the principles which underlie and determine its practice. These principles are based upon the objective observation of the nature of health and disease, and are continually re-examined in the light of scientific advances. Methods used are consistent with these principles and are chosen upon the basis of patient individuality. Naturopathic physicians are primary health care practitioners, whose diverse techniques include modern and traditional, scientific and empirical methods. (AANP Position Paper, Definition of Naturopathic Medicine. 1989, 2000, 2011)

**Doctors of Naturopathic Medicine** – NDs diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals. NDs may use physiological, psychological or mechanical methods. NDs may also use natural medicines, prescription or legend drugs, foods, herbs, or other natural remedies. (US Dept. of Labor, 2009)

**State Licensing and Health Insurance** – NDs practice in some states as licensed “Naturopathic Physicians” or licensed “Naturopathic Doctors,” while other states do not require licensing but limit the scope of healthcare services that can be provided to the client. Variations in health insurance coverage may also affect healthcare choices on a state-by-state basis. The variations in state laws include differences in the ability to prescribe prescription medications. These variations in scope and insurance must be considered in evaluating ND practice and care in different states. (AANP Position Paper, Definition of Naturopathic Medicine. 1989, 2000, 2011)

**Intention and Purpose** - The intentions and purposes for developing Guidance Regarding Naturopathic Care and Practice are to:

- Provide a foundation for the practice of naturopathic medicine in licensed and unlicensed states for the purpose of protecting and improving the health of the public.
- Provide assurance of uniform agreement within the profession on the competencies of naturopathic practice.
- Inform the public of the role naturopathic care has in maintaining public safety and appropriate patient care.
- Provide guidance to state practice and licensing boards in order to evaluate professional actions.
- Provide an overview of practice in order to facilitate collaboration with other medical professions.
- Provide structure to accommodate ongoing advances in naturopathic medical progress and practice innovation.

**Guidance Regarding Naturopathic Care and Practice** –An ND makes a good faith effort to abide by this guidance, to the extent possible under the law, by undertaking the following actions:



## **1. Professionalism:**

- **Facilitates and Documents Informed Consent.** An ND provides patients/clients with information necessary to make informed choices about their healthcare, including procedures, prescribed medications and natural substances. This information and discussion allows for patient/client questions and include the likely benefits and potential harm of avoiding alternative medical or surgical care options, as applicable, to the extent of the ND's knowledge and training. This discussion may emphasize that the patient/client has the freedom to pursue other treatment, or medical care from other health care professionals. In the event that a patient is unable to make autonomous decisions, consent may be given by a designated proxy (i.e., parent, spouse, next of kin, medical power of attorney, etc.). The informed consent process will also disclose any conflicts of interest.
- **Maintains Accurate and Secure Patient Records.** An ND maintains a record, documenting evaluation, consultation and/or management services provided to each patient in a manner consistent with federal and local regulations. Records are legible, accurate, complete, and include only abbreviations and symbols that are commonly used and understood by medical professionals, or provide a legend. For the purposes of patient/client evaluation, diagnosis, and optimizing clinical care, data may be collected from: the person affected; that person's designee, e.g., family member or medical power of attorney; or records from other health care providers. The medical records for a patient encounter include an active assessment, as a final, working or differential diagnosis. Plans for reaching a final diagnosis may be included for differential diagnoses, as applicable.
- **Pursues Continued Education and Training.** An ND makes his/her best effort to remain current with medical knowledge, including advancements in naturopathic medicine, through accredited continued medical education.

## **2. Patient Management:**

- **Provides Primary Care or Specialized Care According to Training and/or Limitations in Scope.** An ND is trained as a provider of primary care services. For the purposes of this guidance, "primary care" may include: first contact for acute/emergency triage; care for the entire spectrum of age and health; health promotion and prevention services; evaluation and management of acute and chronic disease, including long-term continuing care; assessment of patients' social determinants of health; designee for signing birth/death certificates and advanced directives as permitted by law; co-management and/or consultation with other care providers as necessary in order to maintain and improve patients' health. However, an ND may choose to focus or limit their practice to certain methods, modalities, patient populations or areas of practice. If an ND specializes or limits their practice (i.e., methods, modalities, patient populations or areas of practice) he/she: discloses the nature of the practice limitations to the public, patients, and colleagues when relevant; and makes appropriate referrals if requested by a patient, and/or as indicated by medical risk, disease severity or lack of response to treatment.
- **Provides Beneficent Treatment(s).** An ND develops and documents a management and ongoing monitoring plan with each patient intended to provide health improvement, disease prevention and/or treatment, with its rationale based on accepted knowledge and practices. The plan is: clear in its goals in the context of the patient's condition and health status; logical in sequence and duration; consistent with naturopathic education; compatible with other therapies the patient may be undergoing; and modifiable based on new information and/or knowledge. Experimental approaches may be offered with appropriate informed consent and/or when the patient/client refuses treatments with established efficacy; when standard treatments have failed; are not available; or are not well tolerated by the patient. All treatments are based on naturopathic principles and training, in that they may:
  - Promote self-healing;
  - Remove the cause of conditions when known and possible;
  - Promote health and prevent disease when possible;
  - Provide the greatest chance of patient benefit while providing the lowest risk of patient harm;
  - Be individualized;



- Address multiple determinants of health and disease; and/or
- Include attempts at patient education and empowerment, i.e., encourage self-efficacy.
- **Discloses Prognosis and Evaluate Treatment Progress.** When possible an ND:
  - Provides each patient/client with information on their diagnosis and/or health prognosis;
  - Re-evaluates the effectiveness of treatment plans in a timely manner;
  - Modifies unsuccessful plans promptly;
  - Provides or offers a referral to other appropriate health care providers in the absence of timely progress;
  - Discusses perceived and actual barriers to risk reduction and/or treatment progress with the patient, including poor patient adherence, and the continuation of unhealthful practices by the patient.
- **Provides Patients with Additional Health Resources upon Discharge.** If a patient/client consistently ignores the ND's healthcare advice and/or persistently makes choices that may be harmful to themselves, the ND may discharge the patient from his or her practice. The reason for discharge is documented in the patient's records. Any refusal by the ND to further participate in the patient's health care including further evaluation, consultation and/or management is communicated by written notice to the patient. Referral options to other appropriately trained health care providers are provided to the patient upon termination of care when possible, to be pursued at the discretion of the patient.

### **3. Medical Assessment and Diagnosis:**

- **Employ a Valid Diagnostic Process.** When establishing and reporting a patient/client diagnosis or assessment, an ND utilizes accurate and clinically relevant information, and use accepted criteria, which may include: the patient/client's medical and symptom-specific history; physical examination; past medical records; and diagnostic testing, including laboratory testing, imaging, and/or diagnostic procedures. Diagnostic criteria employed are consistent with the established health care disciplines and philosophies in which the ND has been trained. Combinations of diagnostic approaches from multiple disciplines may be employed (e.g., allopathic plus naturopathic, homeopathic plus naturopathic, etc.). The diagnostic process includes the necessary evaluation, or referral for evaluation, of potentially life-threatening conditions as indicated by the person's history, examination and available diagnostic testing. Plans for re-evaluation of working diagnoses based on responses to treatment and/or the availability of new diagnostic information are documented; similarly, plans for reaching a final diagnosis are also documented for ongoing differential diagnostic plans.

### **4. Communication and Collaboration:**

- **Provide Patient-Centered Care.** An ND respects the autonomy, values and choices of his/her patients/clients regarding their preferences for: preventive measures; participation in health screening schedules, health maintenance, health promotion and disease care; and recommended examinations, imaging, laboratory testing, clinical procedures, diagnostic and treatment options. Patients/clients have control of continuation of care decisions; requests for alternate opinions and/or referral; and the composition of their health care team. Variations in permitted scope of practice and health insurance can negatively affect the patient/client/doctor relationship and may limit the role of the ND in facilitating appropriate evaluation, consultation and/or treatments.

### **5. Systems-based Practice:**

- **Contribute to the Greater Health Care Community and the Public Health.** An ND is aware of and considers health policy guidance released by local and regional public health agencies, and attempts to meet the following professional responsibilities:
  - Serves as a consultation resource for other medical professionals.



- Reports diseases as required by federal, state and/or local law(s).
- Stays current with public health updates issued by the U.S. Centers for Disease Control and Prevention and State and County/City Departments of Health.
- Disseminates information in support of public health and the benefits/risks of preventive agents and screenings
- Participates actively in public health surveillance.

Note: Guidance cannot account for individual variation among patients and is not intended to supplant professional judgment with respect to particular patients or special clinical situations. AANP considers practice consistent with this guidance to be voluntary, with the ultimate determination regarding application to be made by the ND in the light of each patient's individual circumstances. While AANP makes every effort to present accurate and reliable information, the information provided in these guidelines is "as is" without any warranty of accuracy, reliability, or otherwise, either express or implied. Neither AANP nor its officers, directors, members, employees, or agents will be liable for any loss, damage, or claim with respect to any liabilities, including direct, special, indirect, or consequential damages, incurred in connection with this guidance or reliance on the information presented.

Any questions about this document or its intended use may be directed to [communications@naturopathic.org](mailto:communications@naturopathic.org).