

# Manage Liability Risk When Referring for CAM

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LA JOLLA, CALIF. — When you refer a patient to a provider of complementary and alternative medicine, keep in mind five liability management strategies, David M. Eisenberg, M.D., advised at a meeting on natural supplements in evidence-based practice sponsored by the Scripps Clinic.

The strategies, which he developed in collaboration with Michael H. Cohen, J.D. (Ann. Intern. Med. 2002;136:596-603), include the following:

## 1 Determine the clinical risk level.

- Decide whether to:
- Recommend yet continue to monitor the therapy.
  - Tolerate, provide caution, and closely monitor safety.
  - Avoid and discourage the therapy.

## Staff Come to Embrace E-Mail From Patients

SAN FRANCISCO — Nonphysician staff in 10 primary care clinics initially were leery of giving patients the ability to e-mail their clinics, but they became more enthusiastic 6 months after using an electronic communication system, a study of 76 staff members found.

Physicians might be more willing to offer electronic communications to patients if e-mails could be triaged by their staff, Anne F. Kittler and her associates said in a poster presentation at the triennial congress of the International Medical Informatics Association. The study suggests that staff can overcome their initial reservations to embrace the benefits of electronic communications, said Ms. Kittler of Partners HealthCare System, Wellesley, Mass.

Paper-based surveys of 76 staff before adoption of Patient Gateway, a secure Web portal for electronic communication with patients, found that 44 feared that patient e-mails would increase their workload. Only 13 (17%) were enthusiastic about adopting the system, 28 (37%) were hesitant, and the rest were indifferent or unsure about it. A majority already used e-mail in their daily work routine, usually to communicate with physicians or other staff in the practice.

After full implementation of Patient Gateway in three of clinics, half of 21 staff members who had used the system for at least 6 months were enthusiastic about the system, repeat surveys found. The proportion of staff members hesitant to use the system dropped to 20% (four people). A majority said that Patient Gateway either reduced or did not change their overall workload.

They particularly found the system helpful for dealing with requests for medication refills, the investigators reported.

All the clinics used electronic health records before adding Patient Gateway.

—Sherry Boschert

## 2 Document the literature supporting the therapeutic choice.

"It's very important to put this in the chart," said Dr. Eisenberg, an internist who directs the division for research and education in complementary and integrative medical therapies at the Osher Institute, Harvard Medical School, Boston. "By the way, that is also true when we're using a novel or experimental drug with an inpatient. This is the same approach."

If treatment with a certain herb is rec-

ommended, "document the choice of herb, any recommendation regarding product or brand, and any discussion regarding therapeutic dose, and associated uncertainties regarding use of the herb," he said.

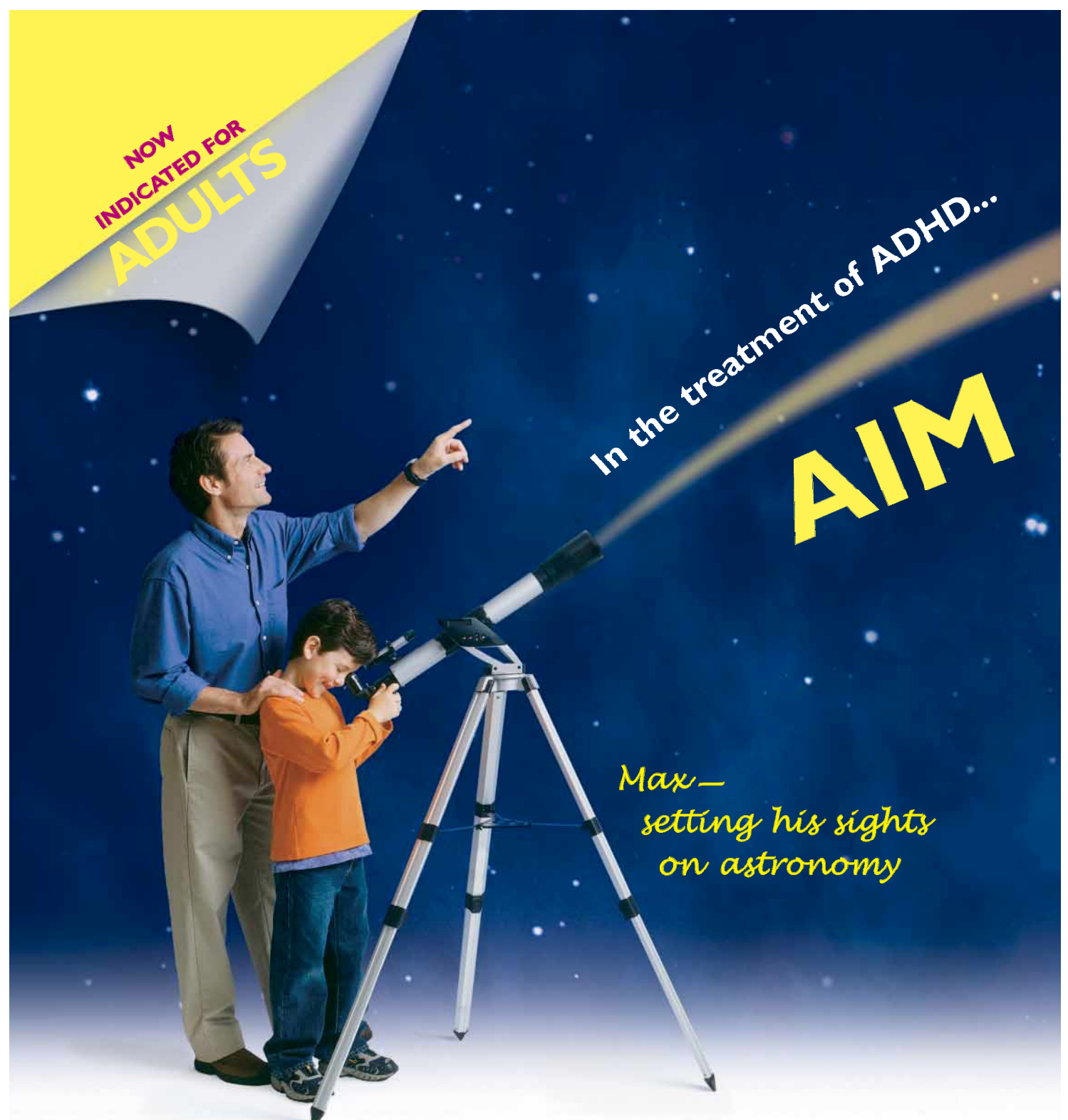
He also makes it a practice to keep a backup file of articles supporting the discussion or recommendation. "You could say this is a bit too conservative, like have suspenders and a belt," he said at the meeting, cosponsored by the University of

California, San Diego. "But I think this is the best advice."

## 3 Continue conventional monitoring.

"A lot of times we recommend something or accept that a patient is going to do something, and then we don't monitor or follow up," Dr. Eisenberg said. "Undue reliance on CAM may lead to a charge that the patient was dissuaded from necessary conventional medical care."

He added that maintaining conventional treatment "helps demonstrate that the



The most common adverse events in pediatric trials included loss of appetite, insomnia, abdominal pain, and emotional lability. The most common adverse events in the adult trial included dry mouth, loss of appetite, insomnia, headache, and weight loss. The effectiveness of ADDERALL XR for long-term use has not been systematically evaluated in controlled trials. As with other psychostimulants indicated for ADHD, there is a potential for exacerbating motor and phonic tics and Tourette's syndrome. A side effect seen with the amphetamine class is psychosis. Caution also should be exercised in patients with a history of psychosis.