Contraindications

There are still many grey areas in the field of complementary therapies and sadly contraindications is one of these. The majority of therapists would no doubt feel much happier if there were a universally recognised, black and white list of contraindications, that not only stated which conditions make treatment a definite ‘no-no’, but also gave some guidance as to how the therapist should proceed if the client’s GP gives permission to treat. Sadly, no such list exists, and it probably never will, for a number of reasons.

Conflicting professional opinion
Although more research papers are being published than ever before on the subject of alternative and complementary therapies, concrete evidence that ‘Treatment A will have This Effect on Condition B’ is still sadly lacking.

There are various (and valid) reasons as to why this is the case, but ultimately it means that in the absence of scientific proof, different ‘experts’ are called upon for their professional opinion, and the professional opinion of any expert will vary according to their background, level of expertise and adversity to risk. The end result is that certain conditions may or may not be classed as a contraindication - depending on the training and qualification you received, the lecturers who trained you, the books you have read, and the hundreds or other therapists and health professionals you will speak to throughout the course of your career. So what is the way forward?

The nature of contraindications
By definition, a contraindication is “a symptom or condition that makes a particular treatment or procedure inadvisable”. However, in the case of complementary therapies, a contraindication does not necessarily mean “do not treat”, but rather, “seek doctors’ permission and proceed with caution”. This is especially important when the client has a condition for which he or she is receiving medical attention and/or prescribed medication, e.g. cancer, diabetes, hypothyroidism, epilepsy, or high blood pressure. (Other ‘circumstances’ that require the same level of caution include pregnancy and withdrawal from substance misuse.)

Some contraindications, e.g. ‘local’ contraindications, will not require doctors’ permission, but the therapist needs to apply some common sense. For instance, if a client has a recent insect bite that is accompanied by a rash, swelling, and a slight temperature, then simply ‘working around’ the bite is not enough - treatment should be suspended and the client advised to seek medical attention.

Obtaining permission to treat
When a client has a contraindication to treatment, it is the medical professionals responsible for that individual’s care who are in the best position to advise whether or not treatment is permissible. In some cases, the client’s doctor or care team may even offer guidance on how and when treatments need to be modified (e.g. if the client has cancer and is being cared for in a hospital or hospice that has a relevant treatment policy in place.)

GP permission can be sought in writing by the therapist or verbally by the client, but the client should sign a disclaimer stating that verbal permission was obtained.

Should a doctor refuse permission to treat, for whatever reason, then the treatment should not go ahead. This still applies even if the client is happy to forego GP permission and is willing to sign something to that effect.

But what if GP approval is obtained and the therapist is unsure how to modify the treatment?

To treat, or not to treat
First of all it is important to highlight that if the therapist does not feel confident enough to perform the treatment, or believes it would be inappropriate, then he or she is under no obligation to treat. If a therapist is having doubts about treating a client with a particular contraindication, it is usually because of one of the following:

Lack of experience or confidence
This often applies when the therapist is newly qualified and is not from a medical or similar background, in which case it may be better to build up more experience and confidence before treating clients with contraindications, especially those of a more serious nature. Further recognised training (e.g. in the specific field of interest, such as aromatherapy and pregnancy) is highly commendable.

Poor understanding of the contraindication
It may be that the therapist has been practicing for a number of years, but is simply unfamiliar with a particular contraindication - namely what it is, how it affects the various body systems and what impact treatment may have on the client’s condition and general health. If it is not possible to obtain guidance from those health profes-
sionals responsible for the client’s care, then it is best not to treat. Again, if it is a condition of particular interest to the therapist, then appropriate training may be worth considering.

**Concerns regarding insurance cover**

Whilst it is always important for a therapist to know under what circumstances he or she will be covered to treat certain contraindications, it is equally important to consider the potential risk to the client. “Well, I’ll do the treatment because if it does go wrong I’ll be covered” is not as sensible as “If I go ahead with treatment, could I potentially harm my client?” If every therapist had the former attitude, then the cost of insurance cover for therapists would rise in line with claims being made for negligence, and the safety of complementary therapies would be continually called into question. (Sadly, the media and general public do not always appreciate that the safety of most treatments tends to lie in the hands of the therapist rather than the therapy.)

**Treating someone with a contraindication**

Once GP permission has been obtained, the therapist should proceed with extreme caution, especially if it is the first time he or she is treating the client. Therapists are advised:

- to make the treatment much shorter
- not to use firm pressure or any of the more ‘stimulating’ techniques
- to use less products (e.g. halve the percentage of essential oils being used).

Therapists should ask the client at regular intervals during the treatment if they feel OK and are happy to continue with treatment. If the client feels at all unwell, then the treatment should be abandoned as soon as possible.

Before any further treatments take place, it is vital that the therapist determines whether the client experienced any contra-actions after the first appointment. If so, then the therapist needs to consider very carefully whether it is safe to continue providing this particular therapy to the client. As contraindications can come and go and vary in intensity, the therapist should also ask if any circumstances have changed since the previous treatment (e.g. operations, changes in medication, different symptoms, etc).

If the client did not experience any contra-actions, then the therapist may wish to consider gradually increasing the length and severity of each treatment, but only where appropriate.

**First, do no harm**

It is important for therapists not to get caught up in semantics and to focus on whether treatment could potentially affect the health and safety of the client, regardless of how big or small the ailment and whether it is or isn’t a ‘local’, ‘general’ or ‘true contraindication’. As a rule of thumb, anything that is outside Perfect Health or The Norm should be carefully considered by the therapist before any form of treatment takes place.

There are so many variables involved in the provision of a treatment that it is never going to be a simple case of ‘yes, you can treat that person, and this is how’, or ‘no you can’t treat that person, full stop’. It will depend on: the type of treatment; the type of contraindication and how severe it is; the client’s age and medical history; how the client is feeling that day; how experienced the therapist is; the therapists background; and much, much more.

**Remember:**

- Get the doctor’s/consultant’s/midwife’s permission if the client is under their care
- If permission is obtained, modify the treatment and proceed with caution
- Always check for contra-actions
- Always keep accurate written records of treatments.