

Treatment of woman with cancer by natural therapist/iridologist (10HDC00970, 29 June 2012)

Natural therapist ~ Iridologist ~ Cancer ~ Information ~ Documentation ~ Limits of expertise ~ Professional boundaries ~ Rights 4(2), 4(4), 4(5), 6(1)(a), 7(1)

A woman consulted an iridologist and natural health practitioner about a lesion on her head, which the woman thought was a cyst. The provider recognised that the lesion “looked cancerous” and that it was beyond her ability to treat. However, the provider treated the woman over a period of 18 months. Treatment of the lesion included picking out dead skin, cleaning the lesion, and the use of topical and oral remedies. Although initially the lesion appeared to improve, it subsequently deteriorated. In order to treat the woman the provider spent many hours at the woman’s house each day, and the woman and provider went on holiday together. The lesion grew larger and was frequently infected. It bled frequently, and smelled unpleasant. The woman became weak and was in severe pain. No other health practitioner treated the woman’s lesion during the 18 months.

By the time the woman sought hospital treatment, the lesion was 10 x 11cm and some underlying bones were damaged. The woman was diagnosed with cancer and underwent major surgery but, sadly, she died a year later.

The provider was aware that the lesion was likely to be cancerous, but did not inform the woman of her opinions about the severity of the woman’s condition or that the lesion was worsening during the course of the treatment. The provider knew that she had exceeded the limits of her expertise and that the woman required advice from another practitioner, but she did not appropriately communicate this or discontinue her treatment of the woman. In addition, the provider gave the woman information which accentuated the woman’s fear of conventional treatment.

The provider did not maintain any records, misled the woman about her training, and formed an inappropriate relationship with the woman and therefore crossed professional boundaries.

The provider was found to have breached Rights 4(2), 4(4), 4(5), 6(1), 6(1)(a) and 7(1) of the Code, and was referred to the Director of Proceedings. The Director brought a claim before the Human Rights Review Tribunal. The Tribunal’s decision making a declaration of breach of the Code of Health and Disability Services Consumers Rights but declining to award damages to the estate of the aggrieved person is available at: <http://www.nzlii.org/nz/cases/NZHRRT/2013/38.html>

Consumers who seek alternative health care are entitled to be given information about their condition, its progression, and the safety of the proposed therapy. The fundamental ethical principle of health care – “primum non nocere” (first do no harm) is no less applicable to alternative practitioners than to medical practitioners.

Where a treatment proves unsuccessful or a provider reaches the limits of his or her expertise, the provider should recognise this, advise the consumer of the alternatives available and involve other providers in the consumer’s care.

This case highlights the need for health providers to seek another provider's advice when faced with a situation that is beyond their expertise, or where the relationship between practitioner and consumer goes beyond a professional one. It also highlights the need for careful documentation of the history and treatment, particularly if the consumer is alleged not to have accepted a recommendation made by the provider.