

CDO and DC — Joint Action

Advocating for Controlled Acts for RDs Prescribing Nutrition Therapy

As part of the RHPA Review in 2001, the *College of Dietitians of Ontario* (College) made a submission to the Ministry of Health and Long-Term Care (MOH LTC) for creating new controlled acts for prescribing therapeutic diets and enteral and parenteral nutrition. Controlled acts are health care procedures which are considered potentially harmful if performed by unqualified persons. No action was taken by the Ministry to date. The College and *Dietitians of Canada* (DC) have partnered to advocate for these controlled acts. Together, we will develop clear and cogent arguments explaining the risks and benefits of controlling who prescribes nutrition therapies within Ontario's health care system.

The foundations for developing these arguments have already been established. As a first step, the College conducted a literature scan to find the best sources of information to explain the risks of harm for prescribing therapeutic diets. Once these sources were identified, the Controlled Acts Working Group conducted an in-depth review of the literature and presented evidence that focused on: 1) the benefits and risks of prescribing nutrition therapy; and 2) supporting a role for dietitians for new nutrition therapy controlled acts. The report entitled, *Evidence of Benefits and Risks Associated with the Prescription of Nutrition Therapy* (August 2005), has been posted on the College's website for reference (see *Home Page* or *Resource Room* > *Publications*).

The literature review was guided by this question: *In 'X' disease/condition or patient population, are the benefits of optimal nutrition therapy greater than the risks of not providing nutrition therapy or providing the wrong type of nutrition therapy?* The parameters of the search focused on:

1. Diseases/conditions - malnutrition, gastrointestinal disease, renal disease, dyslipidemia and diabetes;
2. High-risk populations - elderly, critical care and perioperative nutrition support, pediatrics and neonatology and high-risk pregnancies.

The purpose of the review was to find evidence for the prescription of nutrition therapy by dietitians and to establish guidelines. Although risks of potential harm or adverse effects have not been adequately studied, the literature review yielded some solid evidence establishing the need for comprehensive nutrition therapy and care given by experts like dietitians:

1. Enteral nutrition therapy prescribed for malnourished patients with chronic non-malignant disorders is associated with improved functional ability and has no serious side effects.
2. Perioperative nutrition support (for both malignant and non-malignant disorders) is strongly associated with improved clinical outcomes. Nutrition support in critical care is complex and requires expertise to maximize potential benefits and reduce life-threatening risks.
3. Nutrition therapy prescribed by dietitians is associated with reduced lipid levels in patients with hypercholesterolemia.

4. Nutrition therapy prescribed by dietitians is associated with improved blood glucose control in patients with Type 1 and Type 2 diabetes. Health benefits are associated with early nutrition therapy in patients with newly diagnosed diabetes.

In its report, the Controlled Acts Working Group concludes that Registered Dietitians are "highly skilled health professionals with the competence to prescribe complex nutrition therapy, which may increase benefits while reducing risks associated with errors, omission or inappropriate nutrition treatment." Evidence shows that the "ability to write optimal prescriptions for therapeutic diets, enteral and parenteral nutrition therapy is dependent upon a comprehensive nutrition assessment of the individual patient. The nutrition assessment process must precede order writing and should be limited to those with the extensive knowledge, skills and professional competence to assimilate relevant information into safe, efficacious care". Expertise is also needed to subsequently monitor the therapy effectively.

Next Steps

The *College of Dietitians of Ontario* and *Dietitians of Canada* will establish a steering committee to gather more information about the risks and benefits of prescribing nutrition therapy and to support a role for RDs for prescribing. The current use of medical directives and anecdotal evidence may be explored. With this information, the steering committee will develop and implement a plan for advocating for an amendment of the RHPA to create new controlled acts for the prescription of nutrition therapy.

¹ Deborah Wildish MA, RD (project leader), Cecily Alexander MBA, RD, Jodi Crawford RD, Rupinder Dhaliwal RD, Joan Brennan-Donnan RD and Dianne Gaffney, MSc, RD, Controlled Acts Working Group Report: *Evidence of Benefits and Risks Associated with the Prescription of Nutrition Therapy*, Dawna Royall RD, editor, April 14, 2005.

² *Ibid*, page 3.

³ *Ibid*, page 4.

⁴ *Ibid*, page 4.

Special Thanks

The *College of Dietitians of Ontario* wishes to thank the RDs who formed the Controlled Acts Working Group and the RDs who volunteered hours of their time to participate in this literature review. Special thanks to:

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