BMAS policy statements in some controversial areas of acupuncture practice

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Abstract

The safe and competent practice of acupuncture requires the practitioner to conform to a number of basic principles. These include minimising the risk of transmission of infection, maintaining sufficient knowledge of anatomy to guide safe needling, and seeking an orthodox medical diagnosis before embarking on treatment. Beyond these basic principles, there are certain circumstances in practice that generate regular debate amongst practitioners. This article details advice on a limited selection of such circumstances. This advice has been drawn from a set of policy statements originally drafted to facilitate clarity and consistency within the teaching of Western medical acupuncture provided by the BMAS. It is not comprehensive, but covers the areas where there were the greatest differences in approach among the teaching staff. The original policy statements were also incorporated into the BMAS Code of Practice.

By using the guidance in this article, in addition to applying sound clinical judgement and a knowledge of relevant anatomy, we hope that practitioners will minimise both the theoretical risks and the reported serious adverse events related to acupuncture, yet be able to practise unencumbered by illogical restrictions.

Keywords

Acupuncture, practice, policy statements.

Introduction

The safe and competent practice of acupuncture requires the practitioner to conform to a number of basic principles. These include minimising the risk of transmission of infection, maintaining sufficient knowledge of anatomy to guide safe needling, and seeking an orthodox medical diagnosis before embarking on treatment. Beyond these basic principles, there are certain circumstances in practice that generate regular debate amongst practitioners. This article details advice on a limited selection of such circumstances.

In the latter half of 1998 the trustees of the BMAS agreed to double the educational activity of the society, and by 2000 the Foundation programme had increased from five to ten courses per year. As a result of this increased activity, there were greater demands on the teaching staff, and new lecturers and demonstrators were recruited. It became apparent that there were differences in the way staff approached certain clinical situations, principally as a result of different training backgrounds. In the interests of clarity and consistency for the course delegates, a series of policy statements was produced for guidance of staff at the Foundation level. They were drafted by one of the authors (MC), and circulated to the relevant teaching staff for comments before a final version was adopted. The statements were not a comprehensive list of clinical guidelines, but were consensus opinions on clinical topics that had been identified as a result of different or inconsistent approaches of staff. They are informed by evidence from case reports, and built on a foundation of knowledge derived from orthodox clinical medicine and basic sciences.

These policy statements have recently been revised by the authors, and are presented here. It is likely that they will be updated periodically. The original policy statements formed a part of the BMAS Code of Practice, which also gives wider advice on professional behaviour.
Administration

Needles and needle handling

We recommend the use of sterile, disposable needles. A needle may be used several times on the same patient before being disposed of appropriately. If a needle is to be reused on the same patient, it should only be used for one treatment session, and it must then be disposed of. Any guide tubes that have been used should also be disposed of at the end of the treatment session.

The practice of resheathing acupuncture needles is commonplace. With care, it can be performed safely. If you wish to resheath a needle, always do this by bringing the handle of the needle towards the guide tube, ensuring that the sharp end is facing away from you.

As a general rule the needle should either be:
- in its original packet (unopened)
- in your hand, and in its guide tube, or sharp end facing the patient
- in a suitable point in the patient (during treatment), OR
- in the sharps box
- NOT out of its packet lying unattended on any surface.

Prevention of infection

Washing your hands before clinical contact with a patient is an essential measure for reducing or preventing the transmission of infections. The use of alcohol hand wash is an acceptable alternative if the hands are not visibly soiled. Alcohol does not reliably penetrate organic matter, so visibly soiled hands should be washed with soap and water before using alcohol hand wash.

Needle insertion should only be performed through clinically clean skin. The routine use of alcohol swabs before needling is not required. Unnecessary handling of the shaft of the needle should be avoided. However, when using long or very flexible needles it is arguably safer to control the flexion of the shaft by direct contact than not to do so. Clearly it is preferable to avoid direct handling of the portion of the needle shaft that will penetrate the skin. This portion of the needle may be handled with a sterile swab.

Particular care should be taken when needling near joint spaces, or when needling debilitated or immunocompromised patients.

Leaving patients unattended

If patients are left unattended during treatment they should always be given some means of attracting attention, eg a buzzer, bell or intercom.

Techniques

Electroacupuncture

Electroacupuncture (EA) should not be applied such that the current is likely to traverse the heart.

EA should be applied with care in patients with demand pacemakers. Needle placement should take account of the electric field generated in the area of a pair of needles, to ensure that there is no interference with the sensing mechanism of a demand pacemaker. There has been a single case report describing interference with a demand pacemaker by low frequency EA during a neck operation. This interference was observed through routine electrocardiography, and no adverse clinical effects related to it were reported.3

EA should be applied with care in patients with epilepsy, and in patients in the recovery phase following a stroke. Intense somatic sensory stimulation under some circumstances may trigger a convulsion.4

EA in the region of the carotid sinus or the vagus nerve in the anterior triangle of the neck may theoretically cause bradycardia. This should be taken into account when using EA in this anatomical area.

Use of indwelling needles

As a general rule the use of indwelling needles is not recommended. We recommend the use of acupressure with small balls or seeds attached to the skin by adhesive plasters as a safer alternative to indwelling needles.

Indwelling needles are preferred by some practitioners, but carry a high risk of infection. They must not be used in patients with valvular heart disease, because of the risk of causing infective endocarditis. They should be used with great caution, if at all, in debilitated or immunocompromised patients, who are at increased risk of local and systemic infections. If they are used, follow up of the patient is mandatory, and precautions should be taken to prevent the needles falling out, and thus becoming a contaminated sharp hazard. This can be minimised by covering
the needle site and plaster with a large transparent adhesive dressing.

**Ear acupuncture**

The primary risk associated with ear acupuncture is infection resulting from the use of indwelling needles (see above). As well as the more serious systemic infections, local infection of the cartilage of the ear, known as perichondritis, may result from the use of indwelling needles. Perichondritis invariably results in deformity and sometimes requires surgical excision of the diseased cartilage.

Local infection in the ear resulting from standard needling is extremely rare, but in view of the potential deformity resulting from perichondritis, excessively deep, strong or prolonged needling of the cartilage of the ear should be avoided. In general, needling perpendicular to the surface of the ear is likely to cause less trauma to the cartilage than oblique needling at a shallow angle.

**Patients**

**Pregnancy**

Ensure that you do not needle into or through the wall of the uterus.

There is no indication from the scientific literature to suggest that acupuncture needling, by means of its physiological effects, can adversely influence the outcome of pregnancy. The concept of ‘forbidden points’ in pregnancy is not supported by reliable data, and traditional texts are often contradictory in this area.7

By virtue of its ubiquitous use, needling of PC6 is considered safe at all stages of pregnancy.

**Bleeding tendency**

Acupuncture should be performed with particular care in anyone with a bleeding tendency. Deep and vigorous needling within the enclosed fascial compartments of the lower limbs and forearms should be avoided as there is a potential risk of compartment syndrome if significant bleeding occurs within one of these spaces.8 To avoid the potential vascular trauma of manual needling with 0.3mm diameter needles, electrical stimulation of finer needles can be considered.

Particular care should be taken when needling near joint spaces because of an increased risk of haemarthrosis.

**Conclusion**

Some of the reported serious adverse events related to acupuncture are preventable. These events are broadly divided into physical trauma, infection, and miscellaneous others. There is also a variety of theoretical risks attributed to acupuncture. As well as informing the development of good practice, excessive concern about some of these theoretical risks may inappropriately restrict practitioners. By using the guidance in this article, in addition to applying sound clinical judgement and a knowledge of relevant anatomy, we hope that practitioners will minimise both the theoretical risks and the reported serious adverse events related to acupuncture, yet be able to practise unencumbered by illogical restrictions.

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**Reference List**

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