

JOINT STATEMENT ON THE UNPROVEN THERAPIES FOR COVID-19

Warning on the use of unproven treatments and medications for COVID-19

March 31, 2020

As the COVID-19 pandemic continues, the world is hopeful a cure or treatment can be found quickly. At this time, a proven treatment for COVID-19 does not exist. A number of therapies have been suggested or tried on an anecdotal basis and in small non-randomized trials, some of which have been in the scientific literature. There is no evidence that anti-malarial, antibiotic and HIV and other anti-viral medications are effective in prophylaxis or treatment of COVID-19.

It is important to understand that with all therapies there are potential harms to the patient, some of them very serious. Diversion of treatments not known to be effective risks depleting access to therapies known to be helpful or essential to patients with other diseases. As well, treating patients outside of well-designed randomized clinical trials risks our understanding of what is truly a beneficial treatment or not. For these reasons, the use of unproven therapies for COVID-19 is not recommended outside clinical trials.

Health professionals all have a responsibility to their patients and to their profession to focus only on evidence-based care and not yield to patient or social pressure around unproven and potentially dangerous uses of existing medications.

Information around COVID-19 is rapidly evolving and new recommendations and evidence will become available and will be rapidly shared. Given the critical role health professionals play in ensuring the appropriate distribution of medications, all must assist in ensuring that care decisions are based solely on the most current evidence available. This will ensure the best possible care for Canadians through this pandemic, both those who have COVID-19 and those who do not.

Physicians and nurse practitioners should not prescribe these therapies for COVID-19 outside the context of a clinical trial, and pharmacists should not dispense them if they do.



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