

# Journal Digest

## What are the experiences of women with breast cancer as they decide whether to use complementary/alternative medicine?

Boon H, Brown JB, Gavin A, et al. Breast cancer survivors' perceptions of complementary/alternative medicine (CAM): making the decision to use or not to use. *Qual Health Res* 1999;9:639-653

### DESIGN

Focus groups.

### SETTING

London and Toronto, Ontario, Canada.

### PARTICIPANTS

Thirty-six women (ages 41 to 73 years) diagnosed with breast cancer at some time in their lives were recruited through notices to regional support groups, cancer centers, health food stores, and pharmacies. Most were white and middle to upper middle class. They had been diagnosed an average of 5 years before the study (range 8 mo to 15 yr). Eleven women said they were nonusers of CAM; 25 identified themselves as users.

### METHODS

Three focus groups were held in each site. During the 2-hour audiotaped discussions, women were asked about their perceptions and experiences regarding their use or nonuse of CAM (use of natural health care products and seeking advice from nonconventional health care professionals). Data collection continued until saturation. Verbatim transcripts were content analyzed independently by 4 of the researchers, analyses were combined, and key emerging themes were confirmed by 2 breast cancer survivors.

### MAIN RESULTS

Key themes included the discovery and investigation of CAM, the decision-making process, and barriers to using CAM. After diagnosis, women began a process of discovering CAM through word of mouth, the media, conventional and CAM practitioners, and personal reading. After they discovered CAM, women investigated the treatment by reading the literature and talking with breast cancer survivors and practitioners. The decision to use or not use CAM was an individualized process. Women recognized their personal responsibility for decision making and noted the need for guidance. Some physicians were supportive; others were skeptical or actively discouraged the use of CAM. Women reported that friends and family served as sounding boards and provided emotional and financial support.

Reasons for deciding not to use CAM included inadequate information, a perception that the treatments were not effective, and fear that they could be harmful. Reasons for deciding to use CAM were improved chance of survival, reaction to bad experiences with conventional medicine (such as treatment failure or adverse effects), prevention of further illness (believing CAM could boost the immune system), and belief that they had "nothing to lose" because CAM was not harmful. Barriers to using CAM

included the cost of treatment (CAM was usually not covered by government health care plans), lack of access (treatments were not directly accessible or required a physician's order), and the large amount of time required (such as multiple visits to practitioners, adherence to treatment schedules, and preparation of special diets).

### CONCLUSIONS

Women with breast cancer went through a process of discovery and investigation when deciding whether to use CAM. Those who decided to use CAM saw potential benefits and no harmful effects; those who decided not to use CAM had explicitly considered the risks.

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