

Complementary therapy use by cancer patients *Physicians' perceptions, attitudes, and ideas*

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ABSTRACT

OBJECTIVE To explore family physicians' perceptions of their cancer patients' use of complementary therapy.

DESIGN Qualitative pilot study.

SETTING British Columbia and Alberta.

PARTICIPANTS Rural and urban family physicians.

METHOD Five focus groups were conducted with a total of 28 participants. Content analysis of focus group transcripts.

MAIN FINDINGS Eight themes were identified: definition of complementary therapies, importance of holistic health, role of evidence, attitudes toward complementary therapies, perceptions of cancer patients' use of complementary therapies, patient-physician communication, perceptions of family physicians' role with respect to complementary therapies, and concerns about complementary therapies. Family physicians believed that many of their patients were using complementary therapies and that patients and physicians needed to communicate about this practice.

CONCLUSION The study increased understanding of physicians' perspectives on communication about complementary therapies and exposed issues that need to be addressed through education and research.

RÉSUMÉ

OBJECTIF Examiner ce que les médecins de famille pensent de l'utilisation des thérapies complémentaires par leurs patients cancéreux.

TYPE D'ÉTUDE Étude pilote qualitative.

CONTEXTE Colombie-Britannique et Alberta.

PARTICIPANTS Médecins de famille de régions rurales et urbaines.

MÉTHODE Formation de cinq groupes de discussion comprenant 28 participants au total. Analyse de contenu des transcrits de leurs discussions.

PRINCIPALES OBSERVATIONS Huit thèmes ont été cernés: définition des thérapies complémentaires; importance de l'aspect holistique de la santé; rôle des données scientifiques; attitudes envers les thérapies complémentaires; perceptions de l'utilisation de ces thérapies par les patients cancéreux; communication médecin-patient, perceptions du rôle du médecin de famille par rapport à ces thérapies; et inquiétude au sujet de ce type de thérapie. Les médecins de famille croyaient que plusieurs de leurs patients utilisaient des thérapies complémentaires et souhaitaient une meilleure communication médecin-patient à ce sujet.

CONCLUSION Cette étude a permis de mieux cerner ce que les médecins pensent de la communication concernant les thérapies complémentaires et d'identifier les questions qui doivent faire l'objet de formation et de recherche.

This article has been peer reviewed.

Cet article a fait l'objet d'une évaluation externe.

Can Fam Physician 2004;50:882-888.

Complementary treatments are commonly described as approaches to diagnosis, management, and care that fall outside conventional therapies widely used in North America.¹ A recent study of the prevalence of cancer patients' use of complementary therapy in Canada found that, overall, 43% used one or more complementary therapies.² Common reasons for using complementary therapies include curing cancer or preventing its spread; minimizing the side effects of conventional medicine; building immunity; enhancing physical, emotional, and spiritual well-being; and gaining a sense of control.³

Research has shown that about one third of cancer patients using complementary therapies do not discuss them with their physicians.⁴ They believe their physicians are not interested in complementary treatments, fear physicians will not support them, and think physicians lack knowledge of complementary therapies.³ A study by Bourgeault confirmed that family physicians perceive themselves to be unfamiliar with complementary therapies and obtain most of their information from their patients.⁵ Research has shown that physicians in the United States refer patients to complementary therapists and think that these therapies are useful.^{6,7} It has also been shown that physicians would like education on complementary therapies.⁸

The potentially serious consequences of using a therapy without scientific evidence of its efficacy and safety and without knowing the possible interactions with other treatments make it imperative that physicians know which complementary therapies their patients are using. Good physician-patient communication can influence understanding of medical information, compliance with

treatment, quality of life, and health status, and can thus affect patients' behaviour, well-being, and ability to make informed decisions.⁹

While most studies have examined patient-physician communication about use of complementary therapies from patients' perspectives, this qualitative study explored family physicians' perspectives. Results of this study could generate hypotheses to guide further research and help develop educational interventions.

METHODS

Participants were family physicians in Alberta and British Columbia (BC) who agreed to participate in focus groups on cancer patients' use of complementary therapy. Participants in BC were recruited from a list of urban family physicians who had previously agreed to participate in research related to behavioural aspects of cancer care and from a list of rural physicians attending a faculty development workshop. Alberta participants were community physicians practising in Calgary who belonged to the Alberta Family Practice Research Network.

Five focus groups (three in BC, two in Alberta) with four to eight participants each were held. Twenty-eight physicians (21 men and seven women aged 35 to 50 years; 12 rural, 16 urban) participated in the study. One family medicine resident participated in Calgary. Krueger's guidelines for script design were used for this study.¹⁰ These guidelines structure group discussion according to key questions that drive the analysis and build validation questions into the script to further document areas of consensus.¹¹ Summarizing the discussion for participants and asking for participants' feedback at the end of discussions served to validate content.

The interview guide, developed by the investigators, was reviewed by experts in focus group research. Trained moderators experienced in focus group techniques led the groups for 1.5 to 2 hours. One investigator at each site took field notes. Discussions were audiotaped and transcribed.

Content analysis was done on the interview data.¹² The coding procedure used to reduce the

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information to themes or categories began with a provisional “start list” of codes¹² from the focus group guide. Data were then sorted and coded according to these themes. During this process, new themes developed and others changed. The coding process was iterative; data were reviewed several times. Two investigators coded the data independently and met to compare analyses; differences in coding were resolved by discussion. Data collection continued until saturation was reached. Verbatim quotes of participants are included so that the investigators’ interpretations can be assessed. Ethical approval for the study was obtained from the designated committees at the University of British Columbia and the University of Calgary.

FINDINGS

Eight major themes emerged from the data: the definition of complementary therapies, the importance of holistic health, the role of evidence, attitudes toward complementary therapies, perceptions of cancer patients’ use of complementary therapies, patient-physician communication, perceptions of family physicians’ role with respect to complementary therapies, and concerns about complementary therapies.

Definition of complementary therapies

Several family physicians struggled to define complementary therapies, suggesting that “complementary” denotes a continuum of treatments ranging from well accepted mind-body interventions to quackery. One said, “I think sometimes the vendors of these therapies are less than scrupulous about representing what their therapies can do.” Another added, “I think it is important to remember too, though, that some of these complementary therapies are total scams.”

There was general agreement that approaches such as relaxation, meditation, counseling, support groups, hypnosis, art and music, massage therapy, and tai chi are “common sense.” “I think that we all do [recommend these] to a certain amount. Even the encouragement we give people is in a sense complementary therapy.”

Importance of holistic health

Many family physicians perceived that there was more to medicine than the physical body. Terms used to refer to this aspect of health included “holistic approach,” “healing,” “mind-body connection,” “harmony,” “beliefs,” “attitudes,” “a state of mind,” “power of positive thinking,” and “power of the mind.”

[A]t the core of it, complementary medicine has a truth, and the truth to me is the harmony that they need to have with themselves and with nature, and it’s pretty well demonstrated that conventional medicine has missed on many of the things that you would call either the health of the psyche or the healing aspects.

Role of evidence

While many participants agreed that scientific evidence is important, several questioned the value of evidence-based medicine: “...the evidence-based thing is quicksand too, isn’t it?”

What we call evidence may in fact confound the presentation of evidence with its interpretation. Factual information is indeed evidence. The decision making around that factual information that people constitute as evidence-based really depends on who is doing the defining.

Some physicians described a conflict between evidence-based treatment and treating the whole patient, especially regarding patients’ beliefs and spirituality.

It’s interesting, there is almost a juxtaposition of a more scientific method and a more spiritual holistic method. I think people are moving towards a more spiritual awareness. With all the ills of society and so on, people are beginning to say, “Let’s look at this,” and it’s proving a lot of insight and nurturing and support for people, and that’s why people are moving into this direction. And I think that for us not to be sensitive to those issues from a purely humanitarian spiritual perspective, we will lose some validity in that process.

Attitudes toward complementary therapies

Attitudes toward complementary therapies ranged from a total lack of support to actively offering complementary therapies. Physicians' support of complementary therapies was influenced by type, stage, and severity of cancer and by whether the therapy was being used as an adjunct to or replacement for conventional medical treatment. Personal experience with serious illness in themselves or in family members, friends, or patients often influenced interest in complementary therapies. Becoming more involved in complementary therapies was acknowledged as inevitable.

I tried to persuade him to come back and have therapy, but unfortunately his parents believed in this as well. Macrobiotics, that's what it is. He finally did come back, a complete mess with glands everywhere, and he had cisplatin, terrible noxious chemotherapy and subsequently he died, which is when I thought I better take an interest in alternative [therapies].

If next week I was faced with a terminal illness and was told that nothing was going to help me with respect to conventional medicine, my interest would probably increase considerably.

Perceptions of use of complementary therapies

Participants believed their cancer patients used complementary therapies for many reasons including lack of benefit from conventional therapies, overcoming side effects of conventional treatments, trying to please family members, gaining social support, believing that complementary therapies are more "natural" and therefore less toxic treatments, and searching for hope or control over management of the disease.

I don't think anything helped...my sense was it at least gave him and us a sense of hope and a sense of trying to do something about the condition, to feel in control in some way.

Some physicians thought that previous experience with conventional cancer treatments affected decisions to use complementary therapies.

I think that one of the things that may occur is that conventional therapy may be different things to different people, no matter how well it's explained. If the only experience or knowledge they have of radiation therapy or chemotherapy is their uncle or neighbour or whoever had a bad response, they generalize that and say that's what's going to happen to them.

Others believed that use of complementary therapy is becoming a way of life.

It's just the opinion going around right now, and so a lot of the things that are now called complementary or alternative therapies are becoming ways of living with people, people doing yoga, people [doing] psychotherapy. It isn't necessarily something that's unique and wonderful when cancer comes along.

Complementary therapies might also help people deal with feelings of guilt about their poor lifestyle habits or about their failure to deal with unresolved issues that contributed to causing cancer.

People often feel judged when they get a disease like this. They feel they've done something wrong. And I think if you look at some of these lists here, I think they are trying to move to a healthier way of living—the juices and other sorts of vitamins and so on. They think they haven't lived the way they should have lived.

Patient-physician communication

The need for good, or better, communication between patients and physicians was another important theme. Physicians used words such as "nurture," "encourage," "give them hope," and "cooperation:" "Maybe what they are looking for is acceptance, that we just accept that they're going to do that and they can still come and see us and have access to, um, what we offer, have to offer as well."

They also recognized that their own lack of knowledge and attitudes toward complementary therapies could affect communication: “I don’t think we really understand it all well in terms of how to caution, struggle, and balance to try and give advice to patients.”

Some physicians noted that patients sometimes choose complementary therapies as a result of their encounters with physicians.

One of the things I have encountered is that—and I hear this a lot—the pain we cause when we communicate with patients around the diagnosis of a life-threatening illness, and I think that part of it...one of the reasons they move to another field of medicine, if you want to call complementary approaches another field, is a reaction to how we’ve communicated to them.

Physicians thought that most of their patients do not disclose their use or contemplation of use of complementary therapies. One participant who accepts referrals from other physicians to counsel patients on complementary therapy believed that only 60% of his own patients told him about their use of complementary therapies. Perceived reasons for patients’ lack of disclosure included fear of rejection by their physicians, poor communication experiences with previous physicians, fear of embarrassment if the therapy does not work, belief that family physicians have little knowledge of complementary therapies, poor physician-patient communication or relationships, and fear of conflicting belief systems. Some physicians thought that having established relationships with patients could facilitate communication about complementary therapies.

Some participants believed that certain family physicians get a reputation within their communities as receptive to use of complementary therapies. Such a reputation was perceived as enhancing physician-patient communication and increasing satisfaction with medical care.

Family physicians’ role with complementary therapies

Family physicians identified several roles with respect to complementary therapies. Most common

was support, followed by education and protection from harm (financial, psychological, and medical). For a few, providing complementary treatments was their role.

Support. “I don’t claim to be an expert in any way, but at least I give them the ability to talk about [complementary therapies] and express their feelings and express their concerns.”

Education. “[T]o me the family doctor is the only possible person who can give holistic care...we are the people who are comprehensive and holistic, and I think we need to arm ourselves with knowledge.”

Protection from harm. “I’ll intervene if I see someone is harming themselves and certainly if they won’t accept the conventional forms of therapy.”

Providing complementary treatments. Some participants were willing to offer complementary therapies themselves.

If the patient comes to me and asks me about a complementary therapy (and after I’ve researched it and feel that it is reasonably safe), I would rather supervise that myself than have them going off somewhere else where I’m not quite sure what harm they may come to.

Concerns about complementary therapies

As mentioned, physicians expressed great concern about the lack of scientific evidence supporting either the efficacy or safety of many complementary therapies. Another concern was that patients might confuse a physician’s willingness to discuss and support a patient’s decision to use a complementary therapy with medical support for the therapy itself. Related legal concerns were the implications of a physician appearing to, or actually, advocating use of a complementary therapy and the apparent lack of accountability for practitioners of alternative therapies.

If naturopathy doesn’t work, a patient will say “oh well, it was worth a try, he is such a nice guy.” But

if medical docs don't produce the desired results, we're liable for a lawsuit and blamed for the failure.

Participants were also concerned about financial harm due to the high cost of many of the therapies and psychological harm related to false hope in a hopeless situation, which might prevent patients from facing issues of death and dying: "Are we giving false hope by providing support? Will patients be unable to work through dying by clinging ... to these false hopes?"

DISCUSSION

Family physicians in the study generally agreed that psychological, social, and spiritual aspects are important determinants of health. They also agreed on reasons cancer patients use complementary therapies, giving similar reasons to patients themselves.³ Last, they agreed that patients and physicians should communicate about complementary therapies. Respondents recognized that some patients fail to tell them about complementary therapy use and realized that physicians are limited by this lack of knowledge.⁵

Definitions of complementary therapies varied greatly. The situation is similar in current literature where the definition of complementary medicine and the categorization of complementary therapies continue to evolve with little consensus. Some authors have tried to establish categories.^{13,14}

Physicians' wide-ranging attitudes toward complementary therapies and confusion about their role as physicians indicate a need for education. Increasingly, clinicians are being encouraged to involve patients in both diagnostic and therapeutic medical decisions.¹⁵ Shared decision making is particularly important when the optimal management strategy depends on the strength of patients' preferences for the various health outcomes that could result from the decision.¹⁶ Incorporating patients' values into clinical decision making leads to improved satisfaction with care and better health outcomes.¹⁷ This holds true for complementary therapies. Yet, even though physicians have indicated that communication about complementary therapies is very important, they do not routinely discuss them with patients.

The roles Jonas identified for practitioners when advising patients about complementary therapies (protect, permit, promote proven practices, and partner with patients and their complementary therapists) are similar to the roles identified by study participants.¹⁸ Altshuler has emphasized that, while physicians do not need to like, believe in, or recommend complementary therapies, they do need to have some basic knowledge about complementary approaches in order to provide meaningful direction to their patients.¹⁹ Owen et al indicate that not only doctors but also their professional organizations need to familiarize themselves with complementary therapies and will have to address the extent to which they are willing to integrate complementary therapies into patient care.²⁰

The tension perceived by some participants between evidence-based practice and patient-centred care has been identified in the literature as well. Tonelli indicates that, under current understanding of evidence-based medicine, the individuality of patients tends to be devalued, the focus of clinical practice is subtly shifted away from care for individuals toward care for populations, and the complex nature of sound judgment is not fully appreciated.²¹ In a qualitative study of 25 general practitioners exploring how physicians portray evidence-based practice and its relationship to their practice (including complementary therapies), most participants thought that evidence-based medicine was a threat to their clinical expertise.²² Individualized and integrated care (good practice) were seen as opposed to evidence-based practice. While this interpretation might reflect limited understanding of evidence-based practice, it is a commonly voiced opinion.²² Given the limited evidence for the efficacy of complementary therapies in cancer care, it is important that undergraduate, graduate, and continuing medical education programs provide information for physicians who must deal with the tension between limited evidence and patient preference if they are to practise patient-centred care.

Limitations

Limitations of this study include the small sample size and the fact that many more men than

women responded. (A study in Germany found that more men than women provide complementary therapies.²³) While these limitations restrict the generalizability of our findings, the results indicate areas where family physicians would benefit from education and avenues for further study.

Conclusion

We have identified issues to consider when designing educational programs or future research, including physicians' role in patients' decision making about complementary therapies, how to improve patient-physician communication about complementary therapies, how to communicate bad news so that patients do not turn away from conventional medicine, and the role and quality of evidence regarding use of complementary therapies. ✿

Acknowledgment

This study was funded by the Sociobehavioural Cancer Research Network (National Cancer Institute of Canada).

Contributors

Dr O'Beirne was involved in study design, recruitment of Alberta physicians, data analysis, and writing the final paper. **Dr Verhoef** was involved in study design, facilitating focus groups, data analysis, and writing the paper. **Dr Paluck** coordinated the project and wrote the original draft of the paper. **Dr Herbert** was involved in study design; recruitment of British Columbia physicians; data analysis; and writing, editing, and review of the paper.

Competing interests

None declared

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EDITOR'S KEY POINTS

- Twenty-eight physicians in Alberta and British Columbia participated in this qualitative study of physicians' perceptions of cancer patients' use of complementary therapy.
- Physicians believed patients turned to alternative therapy to cure cancer or prevent metastases, to reduce the side effects of conventional treatment, to strengthen their immune systems, to get greater comfort, and to have a greater sense of control.
- Physicians believed that most patients did not tell them about their use of alternative therapy for various reasons, such as fear of being rejected, communication problems, and thinking that physicians knew little about these therapies.
- Doctors were concerned about the lack of scientific data supporting the efficacy of many alternative therapies. In discussing these therapies with their patients, some feared their open-mindedness would be confused with moral support of alternative medicine.

POINTS DE REPÈRE DU RÉDACTEUR

- Vingt-huit médecins d'Alberta et de Colombie-Britannique ont participé à cette étude qualitative sur l'utilisation des médecines alternatives par les patients atteints de cancer.
- Les médecins croient que les patients ont recours aux médecines alternatives pour guérir le cancer ou prévenir les métastases, réduire les effets secondaires des traitements conventionnels, renforcer leur système immunitaire, rechercher un mieux-être et avoir plus de contrôle sur leur situation.
- Les médecins croient que la plupart des patients ne les informent pas qu'ils utilisent les médecines alternatives pour différentes raisons telles que la crainte d'être rejeté, les problèmes de communication et la perception d'un manque de connaissances des médecins face à ces thérapies.
- Les médecins sont préoccupés par l'absence de données scientifiques à l'appui de l'efficacité et de l'innocuité de plusieurs médecines alternatives. En discutant de ces thérapies avec leurs patients, certains craignent que leur ouverture soit confondue avec une caution morale des médecines alternatives.

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