

Special issue on complementary and alternative medicine on cancer care

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Qi Wang, a head nurse works in Nursing, Department of Tianjin Medical University Cancer Hospital. She once worked as a head nurse in the operating theater (OR) of the hospital and as a board of director served for the OR Committee in Tianjin Nursing Association. In 1990, she studied oncology nursing in Royal Marsden Hospital in London, Britain, for a year. In 2004-2008, she served as a board member of the International Society of Nurses on Cancer Care and became much involved in oncology nursing and clinical oncology nursing, especially palliative care and patient education. She has published papers and translated articles over 10 and was a coauthor to finish many chapters in 4 books in oncology nursing. She has participated in many International

Conferences in Oncology Nursing and gave a couple of presentations there. She has been working as an oncology nurse for over 25 years.

Research interest in the effects of complementary and alternative medicine (CAM) has grown considerably in recent years. Since 1988, papers in CAM-related studies have increased. Approximately, 144 countries and regions from Europe, Asia, North America, South America, Africa, and Oceania have conducted CAM studies and published large amounts of findings, including 11,929 papers from the United States.^[1]

The focuses of CAM research have involved, but are not limited to, phytomedicine and Chinese herb extracts; prevention and treatment; biological feedback; meditation; hypnosis; relaxation; music and yoga; Tai Ji; relief from anxiety, stress, depression, and psychological disturbance; and outcomes and principles of acupuncture and electrical acupuncture. Numerous studies on CAM have reported positive findings regarding cancer prevention and treatment, as well as various other diseases, such as high blood pressure, stroke, back pain, arthritis, labor pain, senile dementia, and menopause-related symptoms.^[2-4]

The use of CAM has gained medical, economic, and sociological importance over the last 15 years. Based on a study conducted by Greene *et al.*,^[5] the benefits associated with CAM treatments from the patients' perspective include health

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benefits, such as symptom relief and improved function; positive psychological benefits, such as improved coping and resilience; and social health benefits, such as support and advocacy. In addition, the patients identified empowerment, increased hope and spiritual growth, increased exercise, smoking cessation, and improved diets as results of receiving CAM treatment.

CAM is applied differently in various countries and regions. In this special issue, Tracy L. Truant *et al.* introduced the implementation of CAM in Canada, wherein various factors influencing the lack of integration of CAM in medical settings in Canada are demonstrated, such as health care professional education and attitudes about CAM; variable licensure, credentialing of CAM practitioners, and reimbursement issues across the country; an emerging CAM evidence base; and models of cancer care that benefit disease-focused care at the expense of whole person care. The current bottleneck issues related to CAM in Canada may occur in some other countries.

The review of literature demonstrated that CAM has been widely employed in the academic context of universities, cancer hospitals, and other medical settings worldwide. One of the reasons for implementing CAM is to relieve the severity of the symptoms caused by cancer and its treatments. Using complementary and integrative interventions to prevent or treat cancer-related cognitive changes, as presented by Jamie S Myers in her review article, indicated that some complementary therapies may be beneficial to cancer survivors experiencing cognitive concerns. Another pilot study led by Dr. Wen Liu examined trends in outcomes of a Qigong exercise program in breast cancer survivors. Significant improvements in sleeping quality, insomnia, fatigue, and quality of life in breast cancer survivors were noted in her findings. Therefore, CAM is the holistic care approach maintaining cancer patients' quality of life.

The use of CAM has been on the rise among oncology patients in general, and more recently, among pediatric

oncology patients. Another unique feature of this special issue demonstrated by Dr. Asad Ghiasuddin's research is the ethnic and cultural characteristics of pediatric oncology patients, including traditional health-related beliefs using healing touch as one of the approaches of CAM. Their research helps oncology nurses understand that knowledge of different cultural attitudes on health and traditional/complementary medicine will improve patient care. Dr. Asad Ghiasuddin's team also conducted a feasibility study, on delivering healing touch to pediatric oncology patients, and determined its influence on pain, distress, and fatigue.

CAM, with its low toxicity, has been one of the medical research focuses worldwide. Many positive results have been reported from numerous studies. However, these findings still need to be transformed into clinical practice as evidence-based approaches through professional education. Moreover, public education is vital to inform medical professionals to apply CAM in dealing with certain types of diseases, including cancer and its treatment-related side effects, and increase public awareness to accept CAM as a suitable way for preventing or coping with the disease.

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