

The Oncology Association of Naturopathic Physicians Principles of Care Guidelines

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A high prevalence of complementary and integrative medicine use is common for patients living with cancer. In 2017, Witt *et al.*¹ provided a comprehensive definition for integrative oncology in the *Journal of the National Cancer Institute*:

Integrative oncology is a patient-centered, evidence-informed field of cancer care that utilizes mind and body practices, natural products, and/or lifestyle modifications from different traditions alongside conventional cancer treatments. Integrative oncology aims to optimize health, quality of life, and clinical outcomes across the cancer care continuum and to empower people to prevent cancer and become active participants before, during, and beyond cancer treatment.

The discipline of integrative oncology has roots in traditional practices often hundreds to thousands of years old. Since the late 1990s, it has developed into something more formalized, with adherents from various health practices. Individual goals are varied, but as outlined, focus on some combination of support for quality of life, symptom management, cure, and prolongation of life². It is acknowledged that the evidence for various integrative oncology programs continues to evolve and that more collaborative research is needed. However, to date, a number of therapies used within integrative oncology have sufficient evidence to support their use in the co-management of patients living with cancer^{3,4}.

While typically considered low-risk, the use of complementary medicine in the context of cancer is not completely benign, given that some treatments have the potential to interact with conventional therapies, including chemotherapy, radiation, and some of the newer targeted therapies such as immunotherapy. One way in which complementary medicine might cause the greatest harm is in the potential that patients will perceive complementary medicine as curative and thus use it as an alternative to conventional medicine. Such use can result from situations in which social media, advice from friends, and misinformation on the Internet might expose patients to grossly inflated promotional views. Particularly concerning are situations in which unfounded curative benefits are claimed by promoters of certain natural therapies or when such claims are made by practitioners of alternative medicine.

With the potential for real benefit from use, but also harm from misapplication, guidance for patients on the safe and effective use of complementary medicine in a manner that is inclusive and respectful is essential. Many conventional medical practitioners, including oncologists, lack the time or training to become conversant with the vast realm of available complementary therapies; consequently, they are unable to provide the guidance that patients seek. Appropriate partnerships with practitioners from other disciplines trained in the principles and practice integrative oncology, such as naturopathic doctors, represent an important step toward meeting that need.

Naturopathic doctors are trained to understand and endorse the goals and evidence-based outcomes of conventional biomedicine. These professionals are also regulated in many of the provinces and states across North America and have federally recognized and accredited postgraduate training in complementary medicine. The Oncology Association of Naturopathic Physicians (ONCANP) is an organization dedicated to education and research in naturopathic oncology, which advocates for collaboration with conventional providers and is dedicated to advancing the science and application of naturopathic medicine alongside standard cancer care and treatment. The American Board of Naturopathic Oncology (the certification branch of ONCANP) supports advanced training in oncology for naturopathic doctors (NDs). Board-certified members are conferred with the status of Fellow of the American Board of Naturopathic Oncology^{5,6}.

The publication and dissemination of ONCANP's Principles of Care Guidelines by Marsden and colleagues⁷ in this issue of *Current Oncology* is a welcome addition to the medical literature. Their document provides guidelines as to how NDs with a clinical focus in cancer care can best engage with their patients and support patient care in a manner that is safe, effective, and ethical. The document provides detail for topics that include patient assessment, development of an integrative oncology plan, care coordination for the patient, and most importantly, informed consent by patients served by NDs.

The ONCANP Principles of Care Guidelines is more than a guide for NDs with a cancer focus, in that it also provides practitioners from other medical disciplines with the means to better understand the therapeutic approach that NDs take with shared patients. Indeed, it is hoped that this resource will enhance communication between health care disciplines and provide a measure of accountability for the care that NDs offer in the context of cancer.

Being that most cancer patients use some form of complementary medicine as part of their care, it is essential that such use occurs in a way that neither competes nor interferes with standard conventional care, but that is, instead, supportive and safe. Healthy skepticism is encouraged, and although questions might persist about the role of complementary therapies, there is a need for oncologists and other conventional health care practitioners to better understand the field.

The oncANP's Principles of Care Guidelines delineate a sound ethical and evidence-based approach for NDS who focus on the care of patients diagnosed with cancer. Perhaps most importantly, it provides reassuring insights for other health care practitioners and takes a step in the direction of improving interdisciplinary dialogue. Here is an opportunity to support oncologists, surgeons, NDS, and all health care practitioners to work together to positively transform the care that patients receive in the treatment of their cancer. What is common to all providers is the goal of delivering the best care for patients in a manner that is multidisciplinary, honours patient choice, is scientifically sound, supports the whole person, and achieves the best quality of life for patients.

CONFLICT OF INTEREST DISCLOSURES

We have read and understood *Current Oncology's* policy on disclosing conflicts of interest, and we have no conflict of interests to declare.

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