

STATUS AND ATTITUDES OF USING COMPLEMENTARY AND ALTERNATIVE THERAPIES AMONG CANCER PATIENTS IN TAIWAN

¹KUEI-FEN LIU, MSN, PHD(C), RN AND ²HUNG-RU LIN, PHD, RN

¹Instructor and PhD Candidate, School of Nursing, National Taipei University of Nursing and Health Sciences, Taipei, Taiwan

²Professor, School of Nursing, National Taipei University of Nursing and Health Sciences, Taipei, Taiwan
E-mail: ¹kueifen@ntunhs.edu.tw, ²hungru@ntunhs.edu.tw

ABSTRACT

Purpose: To explore the attitudes toward using complementary and alternative (CAM) therapies among cancer patients in Taiwan.

Background: In addition to traditional therapies, cancer patients commonly receive CAM. Health care professionals should understand the perspectives of cancer patients toward CAM use and assess the treatments' possible risks/benefits. Lastly, health care professionals should provide sufficient information regarding safety/efficacy of CAM for cancer patients who are exploring or considering the use of CAM.

Method: A qualitative design based on in-depth interviews was conducted with participants treated at the oncology outpatient department of a teaching hospital in Northern Taiwan.

Results: In total, the study included 26 participants. A content analysis of the interviews revealed four major themes: the items of selected CAM, the purpose for using CAM, factors affecting patients' attitude in using CAM, and the dialogue between patients and health care professionals in using CAM. In this study, 58% and 81% of the patients used CAM before and after cancer diagnosis, respectively. The major CAM methods chosen by the patients included: natural products (80.8%), Chinese herbs (57.7%), religious rites (38.5%), and acupuncture (23.1%). The major purpose of CAM use for the patients was to decrease the side effects of chemotherapy and reduce physical discomfort. Health care professionals' recommendations, evidence of the CAM's efficiency, and costs were the major factors affecting patients' attitudes towards using CAM. Patients hoped for health care professionals to treat them like family when the professionals communicated their attitudes towards using CAM. However, only 4 of the 26 participants (15.4%) communicated with health care professionals about the use of CAM.

Conclusions: Health care professionals should understand patients' status and attitudes toward using CAM and establish an effective dialogue with them.

Key Words: Attitudes, Complementary and alternative (CAM) therapies, Cancer, Patients

INTRODUCTION

Despite advances in medicine, technology and nursing, cancer continually is the leading cause of death for people in Taiwan. In 2015, 28.4% died of cancer among people died from the ten leading causes of death in Taiwan (Ministry of Health and Welfare, 2016). The diagnosis of cancer, its subsequent treatment, and the finding of disease progression usually create a major crisis for individuals, which may result in psychosocial problems. The diagnosis of cancer is a highly stressful experience for individuals. They experience not only distress from physical

symptoms and treatment but also psychological stress due to fear of impending death (Lu, Lin, & Lee, 2010). Many cancer patients in the diseased process, who seek medical complementary and alternative therapy (CAM), often due to strive for a higher chance of cure, or are not satisfied with the current desire to improve the treatment of physical symptoms (Garland et al., 2013; Lin, 2008).

CAM, as defined by the National Center for Complementary and Alternative Medicine (NCCAM, 2012), is a diverse group of medical and health-care systems, practices, and products that may not yet be incorporated into conventional

medicine. The types of treatments or therapies that are considered part of CAM can be organized into the following categories: natural products (herbs, vitamins, minerals); mind/body medicine (meditation, yoga); body-based approaches (massage, chiro-practice); whole medical systems (acupuncture, Ayurveda, traditional Chinese medicine, homeopathy), and energy healing (reiki).

With advances in biomedicine, Western medicine since the 19th century has become the mainstream of the medical societies the world over. However, in recent years, whether in east or west countries, the situation that people use of CAM is common, even rapidly increasing trend (Chen, Tasi, & Chen, 2004; Goldstein, 2003). Using the statistics of the United States as an example, approximately 34 percent of Americans in 1993 indicated that they had used one or more CAM (Eisenberg et. al., 1993), it increased to 42% in 1997. A total cost paying for using CAM was about \$ 21.2 billion annually (Eisenberg et al., 1998). In Taiwan, approximately 75% of people reported that they had been using at least one kind of CAM (Le-Ting, 2003). Lin found that more than 70% of Chinese cancer patients, after they suffered from cancer, they accepted the western mainstream medicine to treatment their cancer, but used at least one kind of CAM at the same time (Lin, 2008). Some studies found that CAM can be used in controlling the symptoms of cancer and enhance the quality of life (Cassileth & Deng, 2004; Archer & Forshaw, 2015), however, some studies found that CAM had no benefit finding for cancer patients (Goldstein, 2003).

In the number of CAM use among cancer patients has increased rapidly in recent years. It is a common phenomenon that cancer patients who have received the western mainstream medicine but used the CAM at the same time. Health care professionals should understand the physiological, psychological and social meaning of using CAM among cancer patients (Garland, et al., 2013). The purpose of this study was to explore the status and attitudes of using CAM among cancer patients in Taiwan.

METHODS

Research design

A qualitative research design with an in-depth interview was used to gather information. The semi-structured interview guideline was created after discussions with three senior researchers who specialize in cancer, CAM, and qualitative study. Before the data were collected, a pilot study was

performed to confirm the appropriateness of the interview guideline.

Sample and setting

Purposive sampling was used based on the following criteria: (1) diagnosed with cancer; (2) aged 20 years or older and aware of having cancer; (3) no obvious cognitive impairments; (4) ability to communicate or express clearly in Mandarin or Taiwanese; and (5) consent to participate in this study. Potential participants were excluded if the medical condition precluded participation in an interview session lasting 30 minutes. Participants were drawn from a teaching hospital in northern Taiwan. The location for interviews, chosen by the participants, was either in the privacy room at the hospital or at their residence, whichever was the most comfortable and relaxing for them.

Data collection and analysis

Permission for this study was obtained from the Research Committees at a teaching hospital in northern Taiwan. Interviews lasted approximately 45-60 minutes, were audio-taped with the participant's permission, and were transcribed verbatim immediately after the interview. Data collection was ended when saturation was achieved, that is, no new themes emerged from the participants' narratives and the data were becoming repetitious.¹⁷ Content analysis¹⁸ was used to analyze the data.

Trustworthiness

Trustworthiness of the data was established by using the criteria of Lincoln and Guba (1985): credibility, transferability, dependability, and confirmability. The corresponding author, with a PhD degree in nursing, has been trained for qualitative interviewing and worked at oncology unit for more than 10 years; she conducted all interviews to maintain consistency of the interviewing process. She visited and contacted the participants multiple times, thus establishing trust during the interviews. The typed transcripts were carefully checked by listening to each tape again and confirmed with the participant that the researcher read the content word by word to ensure the accuracy of the transcripts. Dependability was validated using a peer review analyzing process. Three researchers who specialize in cancer, CAM, and qualitative studies completed the data analysis of the verbatim text alone and then cross-examined the analysis.

Ethical considerations

Besides written information provided during recruitment, the purpose and process of the study, including the participant's rights and protection of identity, were discussed and a signed consent form was obtained prior to the interview. During the interview, when participants raised sensitive issues and information, support was provided and maintenance of confidentiality was reconfirmed. In addition, to protect the identity of the participants, the researchers used letters (A to Z) instead of the participants' real names in presenting the documents or reports of this study.

RESULTS

Twenty-six adults (13 males and 13 females), aged 37-80 years, with a diagnosis of cancer were recruited. Most of them were high school graduates. Cancer varied from stage I to IV; most patients had stage IV disease. Most patients had undergone surgery combined with chemotherapy and radiotherapy. In this study, 58% and 81% of the patients used CAM before and after cancer diagnosis, respectively. A content analysis of the interviews revealed four major themes: the items of selected CAM, the purpose for using CAM, factors affecting patients' attitude in using CAM, and the dialogue between patients and health care professionals in using CAM. Each theme is further described below.

The major purpose of using CAM for the patients was to decrease the side effects of chemotherapy and reduce physical discomfort. Health care professionals' recommendations, evidence of the CAM's efficiency, and costs were the major factors affecting patients' attitudes towards using CAM. Patients hoped for health care professionals to treat them like family when the professionals communicated their attitudes towards using CAM. However, only 4 of the 26 participants (15.4%) communicated with health care professionals about the use of CAM.

The items of selected CAM

The results of this study showed that CAM types of cancer patients have been used very pluralistic, including Chinese herbal medicine, acupuncture, macrobiotic diet, natural products (such as vitamins and other nutritional supplements), qigong, tai chi, magnets, energy water, colon hydrotherapy, meridian massage, chiropractic, massage, finger pressure, scraping, cupping, spiritual healing, meditation, meditation, religious rites (such as: worship, prayer, chanting), music therapy, art therapy, aromatherapy, flower essences therapy, hypnosis, and consulting fortune tellers. Among the above, the most commonly used

types by the participants were natural products (80.8%), Chinese herbs (57.7%), religious rites (38.5%), and acupuncture (23.1%).

The purpose for using CAM

In this study, most the participants (81%) used both western medicine and CAM to control and treat their cancer. Several participants described believing that CAM would promote their bodily comfort. Participants believed that physical discomfort was a significant factor contributing to their suffering. They understood that their cancer might not be cured by CAM, but they wished for and appreciated living without any physical suffering.

Factors affecting patients' attitude in using CAM

The results of this study showed although it was a common phenomenon that cancer patients accepted the western mainstream medicine but used the CAM at the same time, some factors significantly affected those patients' attitudes towards CAM use, including health care professionals' recommendations, evidence of the CAM's efficiency, and the costs paying for CAM use. Participants described that they were extremely concerned about health care professionals' attitude, and they wished to know more information regarding the evidence related to the effects of the CAM. In addition, price was also an important factor affecting the cancer patients decide whether or not used of CAM. They did not want to increase the financial burden on their families because of using CAM.

The dialogue between patients and health care professionals in using CAM

In this study, we found that although the patients extremely concerned about health care professionals' attitudes for their CAM use, most of them chose not to inform medical personnel about their initiative in the use of CAM messages. Only 4 of the 26 participants (15.4%) communicated with health care professionals about their use of CAM. The participants described that they worried about health care professionals would be unhappy if they knew they were using of the CAM. Some of the participants reported that they hoped for health care professionals to treat them like family and proposed them the integrated opinion objectively when they communicated their attitudes towards using CAM.

DISCUSSION

The result of this study indicated that it is a common phenomenon that cancer patients who have

received the western mainstream medicine but used the CAM at the same time. This finding was similar to that of Lin (2008), found that more than 70% of Chinese cancer patients, who accepted the western mainstream medicine to treatment their cancer but used at least one kind of CAM at the same time after they suffered from cancer.

In this study, we found that whether it has been scientifically proven to support its effectiveness or not is one of the important concerns when patients chose the CAM. However, most kinds of CAM have not been scientifically proven to support the effectiveness to date, but the rate that people especially cancer patients used CAM is very high. Astin (1998) found that the reason why patients chose CAM was because the properties of the CAM more close to their lives values and philosophy. For example, many Chinese people received the concept of "yin and yang" on treatment or diet. In addition, people would easily seek CAM when they could not find the hope for a cure, the relief of discomfort, or the improvement of the disease (Astin, 1998; Lin, 2003). Tatsumura et al. (2003) also found that cancer patients used CAM in order to find a cure, get secondary effects of cancer treatment or the prevention of cancer recurrence, or look for the last glimmer of hope for treatment.

Cancer patients in this study described that they wished CAM could help them ease the physical discomfort caused by the side effect of chemotherapy or cancer itself. They also hoped that the price paying for CAM would be not too high. They did not want increase their families' economic burden. Harris et al. (2003) used the correlational study design to survey of 1000⁺ cancer patients about their status of using CAM. They found that 49.6% of those patients had been used CAM within 12 months before the interviews, and 16.4% have received expert counseling in prior to use CAM. They also found most of the patients reported that using CAM could help them feel relax and relieve symptoms, only very few patients felt discomfort after using CAM. Moreover, they found that the patients felt more worth although the use of CAM significantly increased their cost of money. In addition, female, young age, and individuals who had been used CAM before got sick, had a higher percentage of CAM use. Besides the above, some studies also indicated that factors associated with CAM use were female gender, higher education, with more discomfort symptoms, and being more dissatisfied with the attending physician of cancer patients (Bauml et al., 2015; Garland et al., 2013). Correa-Velez et al. (2003) interviewed 111 advanced cancer patients, and found the similar results that 48% of the patients had been used

CAM. They also found that patients who had more severe anxiety and pain, who felt more dissatisfied about the mainstream cancer treatment, had higher percentage of CAM use.

It is worth mentioning that even CAM has been widely used by the general public and patients, only 4 of the 26 participants communicated with health care professionals about the use of CAM in this study. The patients worried that health care professionals would be unhappy if they knew about their CAM use. Herbert and Paluck (1997) found that some patients who did not want to tell their physicians regarding to the information of receiving the mainstream cancer treatments and CAM at the same time, because they feared the physician and the medical staff would not agree even despised them for using CAM.

Farooqui et al. (2012) found patients agreed that CAM disclosure is important to avoid any interaction with the conventional medicines. However, perceived lack of physicians' knowledge and interest in CAM, fear of termination of therapy by the physicians upon CAM disclosure, and perceived simplicity of some of the CAM therapies were among the reasons of non-disclosure (Wilkinson & Stevens, 2014). In clinical, health care professionals generally know that cancer patients often use of CAM. Corner and Harewood (2004) represented that health care professionals should understand the motivation of CAM use among cancer patients. Kang, McArdle, and Suh (2014) described that CAM could be used to help control the symptoms and improve the quality of life, but improper CAM use or improper combined using CAM and western mainstream treatment to treat cancer might bring great harm to the patient. Health care professionals should strengthen communication between cancer patients and enhance their awareness and ability to discuss CAM relevant information with the patients. In addition, Harris et al. (2003) emphasized that health care professionals should understand the perspectives of cancer patients toward CAM and assess the treatments' possible risks/benefits. Lastly, in order to ensure the quality of care, health care professionals should provide sufficient information regarding safety/efficacy of CAM for cancer patients who are exploring or considering the use of CAM.

CONCLUSIONS

It is a common phenomenon that cancer patients who have received the western mainstream medicine but used the CAM at the same time. Health care professionals should active care about the physical and psychological impacts of having

International Journal of Research In Medical and Health Sciences

© 2013-2016 IJRMHS & K.A.J. All rights reserved

<http://www.ijrk.org/ijrmhs.html>

cancer on patients, to understand the perspectives of getting sick, and to understand their motivation and experiences of using CAM. Furthermore, developing more empirical research is needed to help patients have a more objective reference when deciding whether to use CAM or not. In this study, patients wanted but didn't tell health care professionals regarding to the situation of CAM use, because they worried that health care professionals would be unhappy for knowing about their CAM use. It is suggested that health care professionals should stand on the perspectives of patients, to treat them like family, and propose integrated pertinent observations for patients as reference when they communicated their attitudes towards using CAM with patients.

REFERENCE

1. Archer, S., & Forshaw, M. J. (2015). Using a randomised controlled trial (RCT) methodology in CAM research with gynaecological cancer patients: a commentary on the perks and pitfalls. *Complementary therapies in clinical practice*, 21(1), 11-18. doi: 10.1016/j.ctcp.2014.11.001
2. Astin, J. A. (1998). Why patients use alternative medicine: results of a national study. *JAMA: The Journal of the American Medical Association*, 279(19), 1548-1553. doi:10.1001/jama.279.19.1548
3. Bauml, J. M., Chokshi, S., Schapira, M. M., Im, E. O., Li, S. Q., Langer, C. J., Ibrahim, S. A., & Mao, J. J. (2015). Do attitudes and beliefs regarding complementary and alternative medicine impact its use among patients with cancer? A cross-sectional survey. *Cancer*, 121(14):2431-8. doi: 10.1002/cncr.29173
4. Cassileth, B. R., & Deng, G. (2004). Complementary and alternative therapies for cancer. *Oncologist*, 9(1), 80-89.
5. Chen, Y. Y., Tasi, F. C., & Chen, C. U. (2004). Ethical issues of using complementary and alternative therapy. *Medicine Today*, 31(7), 574-578.
6. Corner, J., & Harewood, J. (2004). Exploring the use of complementary and alternative medicine by people with cancer. *NT Research*, 9(2), 101-109.
7. Correa-Velez, I., Clavarino, A., Barnett, A. G., & Eastwood, H. (2003). Use of complementary and alternative medicine and quality of life: changes at the end of life. *Palliative Medicine*, 17(8), 695-703.
8. Garland, S. N., Valentine, D., Desai, K., Li, S., Langer, C., Evans, T., & Mao, J. J. (2013). Complementary and alternative medicine use and benefit finding among cancer patients. *Journal of Alternative & Complementary Medicine*, 19(11): 876-881. doi: 10.1089/acm.2012.0964
9. Eisenberg, D. M., Kessler, R. C., Foster, C., Norlock, F.E., Calkins, D.R., & Delbanco, T. L. (1993). Unconventional medicine in the United States: prevalence, costs, and patterns of use. *New England Journal of Medicine*, 328 (4), 246-252.
10. Eisenberg, D. M., Davis, R. B., Ettner, S. L., Appel, S., Wilkey, S., Van Rompay M., & Kessler, R. C. (1998). Trends in alternative medicine use in the United States, 1990-1997: results of a follow-up national survey. *JAMA: the journal of the American Medical Association*, 280(18), 1569-1575.
11. Farooqui, M., Hassali, M. A., Abdul Shatar, A. K., Shafie, A. A., Farooqui, M. A., Saleem, F., & Aljadhey, H. (2012). Complementary and alternative medicines (CAM) disclosure to the health care providers: a qualitative insight from Malaysian cancer patients. *Complementary therapies in clinical practice*, 18(4):252-6. doi: 10.1016/j.ctcp.2012.06.005
12. Goldstein, M. S. (2003). Complementary and alternative medicine: its emerging role in oncology. *Journal of Psychosocial Oncology*, 21(2), 1-21.
13. Harris, P., Finlay, I. G., Cook, A., Thomas, K. J., & Hood, K. (2003). Complementary and alternative medicine use by patients with cancer in Wales: a cross sectional survey. *Complementary Therapies in Medicine*, 11(4), 249-253.
14. Herbert, C. P., & Paluck, E. (1997). Can primary care physicians be a resource to their patients in decisions regarding alternative and complementary therapies for cancer? *Patient Education and Counseling*, 31, 179-180.
15. Kang, D. H., McArdle, T., & Suh, Y. (2014). Changes in complementary and alternative medicine use across cancer treatment and relationship to stress, mood, and quality of life. *Journal of Complementary & Integrative Medicine*, 20(11):853-9. doi: 10.1089/acm.2014.0216
16. Le-Ting (2003). Who uses non-biomedical, complementary and alternative health care? sociodemographic undifferentiation and the effects of health needs. *Taiwan Journal*

- of Public Health*, 22(3), 155-166. doi: 10.6288/TJPH2003-22-03-02
17. Lin, H. R. (2003). *One thousand words of luck: Narratives and analysis of U.S. resident Chinese immigrants with metastatic cancer*. Unpublished doctoral dissertation, University of Massachusetts, Amherst, Massachusetts.
18. Lin, H. R. (2008). Searching for meaning: narratives and analysis of U.S. resident Chinese immigrants with metastatic cancer. *Cancer Nursing*, 31(3), 250-258. doi: 10.1097/01.NCC.0000305726.72969.07
19. Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry*. Newbury park, CA: Sage.
20. Lu, M.S., Lin, H.R., Lee, M.D. (2010). The experiences among older Taiwanese women facing a new diagnosis of breast cancer. *Cancer Nursing*, 33(5), 398-405. doi: 10.1097/NCC.0b013e3181d72c45
21. Ministry of Health and Welfare (2016, August 05). *2015 statistics of causes of death*. Retrieved from <http://www.mohw.gov.tw/news/572256044>.
22. National Center for Complementary and Alternative Medicine (2012, October 17). *What is complementary and alternative medicine?* Retrieved from: <http://nccam.nih.gov/health/whatiscam>.
23. Tatsumura, Y., Maskarinec, G., Shumay, D. M., & Kakai, H. (2003). Religious and spiritual resources, CAM, and conventional treatment in the lives of cancer patients. *Alternative Therapies in Health and Medicine*, 9(3), 64-71.
24. Wilkinson, J. M., & Stevens, M. J. (2014). Use of complementary and alternative medical therapies (CAM) by patients attending a regional comprehensive cancer care centre. *Journal of Complementary & Integrative Medicine*, 11(2):139-145. doi: 10.1515/jcim-2013-0048