ABSTRACT

The Integrating Wellness into Cancer Care conference was held at the University of Toronto, October 4–5, 2007, and was dedicated to the memory of the late Dr. Véronique Benk. This article summarizes the workshops at that conference.

The notion of wellness and an integrated approach should be introduced from the outset as part of the cancer patient’s management. Having wellness as part of the treatment sets a standard for taking care of the patient’s emotional, spiritual, physical, and nutritional needs, and for providing information on complementary therapies. A focus on holistic supportive care during treatment and survivorship is important.

The whole medical team should support an integrative program. Referral to an education program and one-to-one assessments by a point person such as an advanced nurse practitioner, a social worker, or a psychological counsellor with appropriate special training should be mandatory. The concept of a pathfinder or cancer guide was discussed.

KEY WORDS

Integrative oncology, holistic cancer treatment

1. INTRODUCTION

The Integrating Wellness into Cancer Care conference, held at the University of Toronto, October 4–5, 2007, and dedicated to the memory of the late Dr. Véronique Benk, emphasized the importance of doctor–patient communication, which validates the patient’s perspective. It was suggested that health care institutions reach out, with appropriate information sources and training, to health care practitioners who are not aware of the benefits of integrative oncology treatment. Practitioners must learn to listen to patients without judgment or preconceived ideas, and must enable the self-empowerment of their patients.

2. BARRIERS AND SOLUTIONS: RECOMMENDATIONS

There is a communication gap between physicians and complementary and alternative medicine (CAM) practitioners. A common language between the two groups and more education is needed. There is also a need for more clinical effectiveness and health services research funding for CAM.

Cancer should be considered a chronic illness, and more survivorship and long-term wellness and prevention issues should be considered. Decision-makers seem to be comfortable with the status quo. There is a need for the retraining of health care professionals to a new and creative way of thinking.

Patients are often unsure of how to cope in both the short and the long term. They need to know their options for coping skills and the places they can go for access to supportive measures. Some gender and culture barriers seem to exist.

Many patients cannot afford complementary therapies. Even evidence-based therapies are being excluded. Cost-efficacy studies and monitoring of therapies for inclusion into programs are required. Long-term studies are required.

There is a need for a common language between all health care practitioners and their patients.

3. VISION

It is the fundamental right of every cancer patient to have equal access to a system of healing. How is this access to be enabled?

Every patient should have a needs assessment at the point of entry into the system. The needs assessment should be standardized. Patients also need a support system that will empower them, within guidelines.

Opportunities for education should be created to develop a community of expertise through communities of accredited practitioners. The “common language” barriers need to be bridged.
4. WHERE TO GO FROM HERE?

Complementary therapy approaches should be studied more systematically.

Introduce health and wellness into the system. Guide patients to nutrition and exercise counselling. Provide information about complementary therapies. Have a trained point person in place to help guide each individual who enters the cancer treatment system. Some aspects of treatment can be applied to groups; others are best in a one-to-one format.

Some discussion occurred about the waiting room experience. This captive audience presents an opportunity to disseminate information and introduce wellness. For example, a peer support person might circulate in the waiting room. Relaxation techniques might be made available.

While patients are receiving education about nutrition and exercise, staff incentives to do the same can be implemented.

Integrative healing is an interactive process. It does not start with health care practitioners treating the patient.

Make use of the resources already in use in the community—for example, joining with the YM/YWCA.

Some participants considered that screening for psychosocial distress and wellness should be available for everyone in the system from the start, and not just for those who score high on the distress thermometer. People should know about their options.

A Web-based program can let people know about the services that are available. What should be available before diagnosis? What is the role of family physician in that situation?

There is a need to talk about funding and resources. Collaboration is necessary—for example, with the Canadian Association of Psychosocial Oncology.

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