



Integrative practices of Canadian oncology health professionals

A.S.A. Brazier PhD,† L.G. Balneaves PhD,*†
D. Seely ND MSc,‡ J.E. Stephen PhD,§
N. Suryaprakash PhD,† and
J.W. Taylor–Brown MSW RSW||*

ABSTRACT

Objective

Cancer patients are increasingly known to use complementary medicine (CAM) during conventional treatment, but data are limited on how Canadian oncology health professionals attempt to assist patients with their use of CAM in the context of conventional cancer care. As part of a larger qualitative study assessing the perceptions of Canadian oncology health professionals regarding integrated breast cancer care, we undertook an exploration of current integrative practices of oncology health professionals.

Design

Using an interpretive description research design and purposive sampling, we conducted a series of in-depth qualitative interviews with various oncology health professionals recruited from provincial cancer agencies, hospitals, integrative clinics, and private practice settings in four Canadian cities: Vancouver, Winnipeg, Montreal, and Halifax. A total of 16 oncology health professionals participated, including medical and radiation oncologists, nurses, and pharmacists.

Results

Findings highlighted two main strategies used by oncology health professionals to create a more integrative approach for cancer patients:

- acting as an integrative care guide, and
- collaborating with other health professionals.

Conclusions

Although few clear standards of practice or guidance material were in place within their organizational settings, health professionals discussed some integrative

roles that they had adopted, depending on interest, knowledge, and skills, in supporting patients with CAM decisions. Given that cancer patients report that they want to be able to confer with their conventional health professionals, particularly their oncologists, about their CAM use, health professionals who elect to adopt integrative practices are likely offering patients much-welcomed support.

KEY WORDS

Oncology health professionals, integrative cancer care, qualitative research, complementary therapies

1. INTRODUCTION

Most cancer patients are currently known to choose to use complementary medicine (CAM), but the cancer care delivery system in Canada operates mainly as two parallel systems—conventional and complementary—with limited coordination between the two. This situation often leaves patients making their CAM treatment decisions with limited support from oncology health professionals about how to use the most efficacious conventional and complementary therapies in an integrative way. Complementary services are now offered in some conventional cancer settings (relaxation or meditation groups, Therapeutic Touch, and art and music therapy, for instance), but they are not necessarily integrated into standard patient care. Research on the attitudes of health professionals towards CAM in Western industrialized countries has found moderate interest in CAM and some openness to referring patients for selected CAM therapies, with some variation across professions^{1–3}; however, few data are available on the actual professional practices of health professionals with regard to supporting their patients in combining CAM and conventional approaches to cancer care.

The purpose of the present study was to explore the integrative care practices that Canadian health professionals are currently providing to patients and the

nature of any such practices as a means to understand how some oncology professionals are managing this issue within their practice. A secondary aim was to provide suggestions for oncology health professionals wanting to provide integrative care in their practice.

2. METHODS

The present study was part of a larger qualitative study that explored the perceptions of conventional and complementary health professionals regarding integrative breast cancer care in Canada. One aspect of this larger study focused on whether health professionals were providing any type of integrative care to their patients. These integrative care practices used by oncology health professionals are described here and are the principal focus for this paper.

An interpretive description⁴ qualitative methodology was used to explore the perspectives of the health professionals regarding integrative breast cancer care. The interpretive description method aims to describe the experience of the participant, while simultaneously capturing the meaning that the participant attributes to the experience.

We conducted a series of in-depth interviews with 16 conventional oncology health professionals from a variety of disciplines, including medical and radiation oncologists, nurses, and pharmacists. The health professionals were identified through the local cancer care community, including provincial cancer agencies, hospitals, integrative clinics, and private practice settings, in four Canadian cities: Vancouver, Winnipeg, Montreal, and Halifax. A preponderance of these professionals (87%) had more than 10 years' experience working in health care, and of those, 60% had more than 10 years' experience in oncology. See Table 1 for an overview of the characteristics of the participating health professionals.

The health professionals were asked about the integrative nature of their practice and about how they discussed CAM with their patients, whether they made referrals to complementary health professionals or services, and which complementary services or therapies were offered within their practice setting. All health professionals completed a short demographic questionnaire before the face-to-face interview. All interviews were digitally recorded and transcribed verbatim.

Data analysis used the constant comparative approach⁵. The constant comparative method is well suited to an interpretive description inquiry; it focuses on comparing pieces of data, looking for similarities and differences, to understand relationships among the data points. Three transcripts were independently coded line-by-line by two members of the investigative team. Initial codes were developed, compared, and discussed with the research team to develop a coding framework comprising the major categories of findings. Using this coding framework, the remaining transcripts were coded. Second-level coding was then conducted on all

data linked to each code to further explore defining characteristics. The two main types of integrative practices that emerged, together with their characteristics, were compared across all transcripts to assess similarities and differences and to check for completeness.

3. RESULTS

Oncology health professionals described ways in which they perceived themselves to offer integrative care to cancer patients. Although none of the health professionals reported actively providing both conventional and complementary therapies to patients, they nevertheless spoke about their role in assisting patients to develop a personal integrative care plan. Close examination of the descriptions given by the health professionals resulted in two main "integrative care practices":

- acting as an integrative care guide, and
- collaborating with other health professionals.

These practices aimed to provide a more coordinated approach to care that would support patients in

TABLE 1 Characteristics of the sample (n = 16)

Characteristic	n (%)
Type of health professional	
Medical oncologist	3 (19.0)
Radiation oncologist	3 (19.0)
Nurse	4 (25.0)
Pharmacist	6 (37.0)
Sex	
Male	5 (31.0)
Female	11 (69.0)
Age (years) ^a	
<30	1 (6.0)
30–39	3 (20.0)
40–49	7 (47.0)
50–59	4 (27.0)
Health care experience (years)	
0–5	—
6–10	2 (13.0)
10+	14 (87.0)
Oncology care experience (years) ^a	
0–5	4 (27.0)
6–10	2 (13.0)
10+	9 (60.0)
Formal training in CAM	
Yes	4 (25.0)
No	12 (75.0)
Practice setting	
Conventional	12 (75.0)
Integrative	1 (6.0)
Private	2 (13.0)
Multiple ^b	1 (6.0)

^a n=1 missing value.

^b One health professional worked both in a conventional and in an integrative setting.

combining evidence-based CAM treatments with conventional care. How these integrative practices were enacted depended on the professional's designation, the health care setting, the personal experience and knowledge of the health professional, and the availability of complementary services and practitioners within the community and care setting.

3.1 Acting as an Integrative Care Guide

For many of the study participants, helping patients navigate the plethora of treatment options available, both conventional and complementary, was the first step toward providing integrative care. Restricted by their narrow scope of practice, limitations of the care settings, and time restrictions, becoming a guide was one way that oncology health professionals could acknowledge their patients' interest in integrative care and address some of the resulting information needs.

According to these health professionals, being an integrative care guide allowed them "to connect [patients] with what it is they are looking for" and to assist patients in making a more informed treatment decision. This guidance included helping patients review evidence about CAM, making patients aware of CAM options, and assisting patients to formulate questions for complementary health professionals. Helping patients review information about CAM was the most common way of acting as an integrative care guide. Health professionals spoke of bringing together information from a number of sources, including scientific databases, to support patients in making treatment decision in a "very rational way." As one radiation oncologist said,

I feel that people are free. If patients want to use these routes [CAM], that's fine. That's their decision. I'm quite happy to **provide them with some entrée into what data exists**, to show them what we know about these things, what's published, what's not published, what bits of knowledge we have.

Health professionals who did not have a theoretic or scientific understanding of specific CAM therapies still described helping patients with treatment decisions by encouraging them to "think it through or problem-solve." Others took advantage of the expertise regarding CAM held by some allied health professionals, such as nurses and pharmacists, and referred patients to those individuals.

In addition to responding to patient inquiries about CAM, some health professionals also ensured that patients were aware of CAM options available within and beyond their care setting, and how the patients could access those therapies. For example, one nurse explained that she would regularly have discussions with patients about the potential benefits of using relaxation therapies, yoga, or breathing techniques to help cope

with anxiety. Other health professionals offered assistance to patients regarding how to communicate with complementary health professionals, suggesting questions that the patients could ask during clinical consultations that would improve their understanding of the CAM therapies being recommended. For example, one pharmacist said,

You can actually be a liaison.... [T]his patient, she's seeing a naturopathic physician, and she was on a ton of things, and I had some questions about some of the things she's on. So she has an appointment to see this naturopath again and she's going to go back and ask them. So **I've armed her well.**

The health professionals described clear boundaries around their role as an integrative care guide. Many were hesitant to make formal referrals to CAM services or practitioners or to provide recommendations regarding the specific use of CAM. Instead, they offered impartial advice that was less directive. For example, one medical oncologist said, "I tell them that I think it doesn't interfere with my treatments. I don't recommend it. I'm neutral one way or the other."

The boundaries set by the health professionals appeared to be related to their perceptions of the limited evidence related to the efficacy of CAM and sometimes the risk of potential interactions with conventional cancer care. As one radiation oncologist said, "We don't know about helpful interactions or hurtful interactions."

In the end, most health professionals who acted as integrative care guides encouraged breast cancer patients to be informed and discerning about treatment options and, most importantly, to "find out what makes sense to you."

Some health professionals did take on a more active integrative care role by providing patients with specific advice about combining CAM, especially natural health products, with conventional cancer treatments. These recommendations were based either on current evidence about the efficacy and safety of a particular CAM therapy or on the personal or professional beliefs of the health professionals about CAM. For example, pharmacists in this study perceived themselves to play an important role in advising patients about the appropriateness of using natural health products during adjuvant cancer treatment. Other health professionals felt that sharing their concerns with patients regarding the potential negative social and economic implications of using expensive and time-consuming CAM protocols was imperative.

3.2 Collaborating with Other Health Professionals

The second strategy that health professionals used to facilitate integrative care for patients was active collaboration with other health professionals. Within this collaborative role, health professionals spoke of how

they made referrals or worked together in a patient-centred manner to create an integrative approach to cancer care. This strategy required health professionals to move beyond their professional boundaries and to maintain openness to working with health professionals practicing within different paradigms of health and illness.

Oncology health professionals described making some patient referrals to complementary health professionals, though they often made those referrals with caution because of a lack of familiarity with the credentials and training of many of the complementary health professionals. Oncology health professionals reported more frequently referring patients to specific CAM services (that is, integrative clinic or mind–body group programs) situated within either their organization or the community rather than to individual practitioners. As one radiation oncologist said,

If somebody tells me that they want to do something like this [use CAM], I will often tell them about [the integrative health center], because I personally think it's good. **But I wouldn't identify an individual person to send them to, like a particular naturopath or homeopath or anything, because I don't really know enough about the individuals.**

Often, health professionals chose to make what they called “informal referrals,” which sometimes involved merely providing information (for example, a pamphlet about a CAM health clinic) to patients and letting the patients make the decision. Options for referral to a physician with CAM training, complementary health professionals that were provincially regulated, or an integrative care centre that employed conventional medical doctors were identified as more acceptable by most health professionals. Interestingly, even within conventional cancer care organizations (provincial cancer agencies or hospitals) that offered CAM services (Therapeutic Touch, Reiki, relaxation classes), there appeared to be a lack of any formal “referral route” between the conventional health professionals and these services.

We found some examples of conventional practitioners communicating or working with complementary health professionals. Conventional professionals did take on a collaborative approach by communicating with complementary health professionals, often through written correspondence, to gain information about CAM treatments being offered. This practice was not common, however—even though a great deal of interest was expressed by complementary health professionals in informing conventional health professionals about CAM. Also, although it was not a typical situation, some conventional health professionals indicated they had either been involved in or were interested in collaborating with complementary health professionals

through regular communications about specific patients. This type of collaboration was meant to ensure that, as one medical oncologist said, “the patient, their practitioner, and I are all on the same page.”

4. DISCUSSION AND CONCLUSIONS

Clearly, some Canadian oncology health professionals are beginning to take the first step towards an integrative model of care by addressing the decision support needs of cancer patients about CAM. Findings indicate that some oncology health professionals want to provide supportive, integrative care, and that there may be various roles they can adopt to do so, depending on their interest, knowledge, and skills. Although the study findings cannot be generalized because of the self-selected nature of the sample (which may have overrepresented health professionals who have a particular interest in the topic of integrative cancer care), nevertheless, the care practices shared demonstrate some innovative strategies.

Cancer patients report that they want to be able to confer with their conventional health professionals, particularly their oncologists, about their CAM use^{6–8}; therefore, health professionals who elect to act as integrative care guides are likely offering patients much-welcomed support. In addition, directing patients to safe and reputable CAM information resources will not only reduce the burden felt by patients who are often overwhelmed by the plethora of material on CAM, but will also ensure that patients are making their decisions using evidence-based information. Raising awareness of CAM options is similarly valuable. Many patients are unaware of simple, inexpensive, and effective complementary strategies, such as relaxation, that can provide patients with much-needed relief for common symptoms such as anxiety.

Lastly, the integrative care practices of these conventional oncology health professionals model openness toward CAM that will encourage patients to be equally candid about their interest in and use of CAM. Such openness is essential if conventional cancer treatments and CAM are to be combined in a safe and optimal manner.

Despite the growing recognition of the importance of guidance provided by conventional health professionals to patients in their CAM decisions⁹, a truly integrative *system* of cancer care is not yet a reality in Canada. In the meantime, to facilitate continued engagement by health professionals in integrative care practices, a number of issues must be addressed:

- First, oncology health professionals have to be supported in finding the time needed to act as integrative guides and to collaborate with other health professionals.
- Second, better coordination of conventional and complementary cancer care services through more formal referral protocols, particularly when the

services are offered in the same practice setting, would be helpful for health professionals and cancer patients alike.

- Third, health professionals need adequate awareness, knowledge, and access to evidence-based information about CAM and its interactions with conventional treatments¹⁰, through appropriate educational opportunities.

Addressing these challenges will enable health professionals to respond in an informed and timely manner to the integrative care needs of cancer patients and ultimately to ensure that the best quality cancer care is achieved.

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Correspondence to: Alison Brazier, CAMEO Program, BC Cancer Agency and University of British Columbia School of Nursing, 912–750 W. Broadway, Vancouver, British Columbia V5Z 1H1.

E-mail: alisonbrazier@shaw.ca

* CAMEO Program, BC Cancer Agency, Vancouver, BC.

† School of Nursing, University of British Columbia, Vancouver, BC.

‡ Research and Clinical Epidemiology, The Canadian College of Naturopathic Medicine, Toronto, ON.

§ Patient and Family Counselling, BC Cancer Agency, Vancouver, BC.

|| Patient and Family Support Services, CancerCare Manitoba, Winnipeg, MB.