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The complementary medicine: The promoters, the prescriptors and the users in different countries

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Unproven Methods in Cancer: A World-wide Problem

Unproven methods include questionable diagnostic tests and treatments such as drugs, vitamins, homeopathy, diets, herbs, faith healing, "psychologic" treatments.

The frequency of unproven methods in cancer is not easy to evaluate because some are being used as a complementary treatment to conventional ones (and often not mentioned by patients), others are being used as curative treatment (alternative treatment) and also hidden by some patients. Both alternative and complementary unproven methods are prescribed either according to classical concepts of cancer treatment or according to a new concept in the world and life systems. Alternative and complementary methods can be found worldwide.

In Europe, data concerning unproven methods are available for Scandinavian countries, Switzerland, Germany, Austria, United Kingdom, Netherlands, France and Italy. The highest frequency of use is observed in German-speaking countries (up to 65%). In North America, the percentage of cancer patients who use unproven methods varies between 7 to 54%. In Mexico, the frequency is 50%, higher than in Argentina (17%). In Australia, 22% have use complementary medicines. In Asia, there are some data from India, Taiwan and Japan. Very few data from African countries is available. Some unproven methods are country-specific (Moerman diet in the Netherlands), others are used world-wide (mistletoe, vitamins). Some traditional medicines are also country-specific (Chinese medicine, ayurvedic medicine in India). Few data are published on the personal characteristics of the promotor or the subscriber. The goal of the UICC committee on alternative and complementary methods is to provide oncologists with informations and data concerning these methods.

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The use of complementary medicine in the German speaking countries

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Alternative methods against cancer are very popular in the german-speaking countries. They suggest or even promise to offer another, better, easier way to reach the same target. In fact some unconventional methods are propagated by their inventors to be a real alternative to mainstream medicine. Most of them however are recommended as additives, complementary to scientific cancer therapy. They are claimed to strengthen the natural immune defence and prevent recurrence, enhance the anti-tumor activity of other treatment modalities and to improve the tolerance of chemo- or/and radiotherapy. The following methods are most popular in CH/D/A:

- (1) Dietetics; Vollwertkost in several variations, antioxidants, enzymes
- (2) Plant-products: Mistletoe, Apotheke Gottes, Hildegard-Medizin, Jomol
- (3) Immunotherapeutics, Autologous Tumor vaccines, Active Specific Immunotherapy, Ney-Tumoren, AF-2, Polyerga
- (4) Psychological methods, Neue Medizin, Energy therapies
- (5) Oxygen, Krebsmehrschritt-Therapie.

Why are patients using alternative methods? Most are not or not fully satisfied by mainstream medicine and tend towards something complementary, more natural, holistic, psychological and less toxic. Herewith real subjective needs (the so-called "therapeutische Lücke") can hopefully be filled and patients may contribute themselves to cure. Massmedia, trend for natural, irrational, mystic methods intensify this. Disappointment by the "Schulmedizin" is only rarely the decisive motif. Almost all these methods have not been investigated properly and have therefore to be classified as unproven concerning antitumor activity, tolerance/toxicity and symptom control. To satisfy better the needs of informed cancer patients, they should be accepted if there is a clue for beneficial effects, if they are proven harmless, not too expensive and when a regular follow-up in full consent with the physicians responsible is guaranteed. They have to be tested according to established criteria.

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Why do people affected by cancer use complementary therapies and how can their efficacy be evaluated?

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National surveys indicate that complementary therapies are popular throughout the industrialised world, and the use of such therapies has increased considerably over recent years. One in eight Britons and one in two Americans now use complementary therapies (Eisenberg, Davis, Ettner et al 1998). Patients with cancer seek and use complementary therapies in conjunction with cancer treatments to enhance their quality of life. Studies have investigated patients' attitudes to complementary therapies and the extent to which patients with cancer use them, but their effectiveness has not been established. These therapies have significant resource implications. Aromatherapy massage is one complementary therapy currently being provided by many hospitals and hospices in the UK; while its positive effect on quality of life has been demonstrated in the short term, there is no evidence of its long term efficacy. To address this issue a multi-centred randomised controlled trial to evaluate the use of aromatherapy massage in reducing psychological distress and enhancing quality of life in patients with advanced cancer is being conducted. Drawing on this study the issues of conducting trials involving complementary therapies will be highlighted and the reasons for why people use complementary therapies will be reviewed.

[1] Eisenberg, Davis, Ettner et al Trends in Alternative Medicine Use in the United States 1990-1997 JAMA 1998, 280 (18): 1569-1575

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Oncology nurses' attitudes towards alternative medicine

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The purpose of this study was to describe attitudes towards alternative medicine among nurses working on oncology wards in three university and one central hospital in Finland. The response rate was 68.1% (n = 92).

The data were collected with a self-developed questionnaire. The analysis was based on percentage distributions, cross-tabulation and analysis of variance. Levels of significance were tested with the Chi-squared test.

The nurses did not believe that alternative medicine provided safe and natural treatments in cancer care and the nurses' attitudes towards alternative medicine turned out to be mostly negative. Attitudes were most sceptical towards vitamin and trace element therapies. Half of the nurses believed that alternative therapies are offered by quack doctors for financial gain. However, the nurses considered it important for the patients to be able to discuss their use of alternative medicine both with nurses and doctors and half of the nurses showed some interest in alternative medical training in case it was arranged.

An interesting question in future is whether this attitude is reflected in nursing practice? In addition, we need more research about the use of alternative medicine by cancer patients and what are cancer patients attitudes towards alternative medicine.

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The interaction of patient selection, surgical expertise and intensive care competence in esophageal cancer

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Treatment of carcinoma of the esophagus and gastroesophageal junction has changed substantially over the last two decades.

Better staging methods including barium swallow, endoscopy, CT, echography, EUS and more recent PET scan are resulting in an increasing accuracy in selecting candidates for treatment modalities with curative options.

Lowered postoperative mortality rate and increased radicality at the time of resection are believed to be the main factors responsible for better survival rates varying between 25% and 40% in recent reports.

In this respect surgical expertise seems to be of paramount importance. Indeed data from literature suggest a beneficial correlation between increasing patient volume and the resulting surgical experience and both the oncologic outcome as well as hospital mortality and morbidity. Close cooperation between the surgical and anesthesiological team is a crucial factor in the successful management of major complications and the possibly resulting mortality.

In experienced centres hospital mortality is well below 5% despite the increased radicality of the surgery and the increasing presence of preop-