Use of complementary and alternative medicine by lung cancer patients in Korea: A qualitative study

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ABSTRACT

Introduction: An increasing number of cancer patients, including those with lung cancer, use complementary and alternative medicine (CAM) in addition to their cancer treatment. As qualitative studies documenting the quality of life (QoL) of lung cancer patients using CAM is limited, this study focused on exploring perceived changes in QoL of lung cancer patients following their experiences of CAM treatment.
Methods: In 2013, in-depth semi-structured tape recorded interviews were conducted with 15 Korean lung cancer patients who had reported a CAM treatment experiences in a Korean medical hospital specializing in cancer. The transcriptions were analyzed using NVivo10, and patients' experience of cancer was investigated using van Manen's four fundamental existential categories which relate to lifeworld experiences.
Results: Patients exhibited the greatest change in two of the categories; 'lived body' and 'lived relations'. Three final themes were identified, 'loss of self', 'being the same as before', and 'revitalization'. Cancer diagnosis accelerated the loss of 'self' but also gave patients a chance to concentrate on and regain 'self'. Participants demonstrated that 'being the same as before' was the most important factor for quality of life and also for treatment decisions. CAM treatment was deemed acceptable when the patients felt revitalized and they were able to live as before and when they were respected.
Conclusion: As CAM gave a chance for patients to concentrate on 'self' and regain the will to continue with treatment, CAM potentially improves lung cancer patients' QoL. Effective application of CAM during cancer treatment should be investigated.

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1. Introduction

The American Cancer Society estimates that by the end of 2015, over 220,000 new lung cancer cases will occur and approximately 160,000 people in United States will die from lung cancer [1]. Lung cancer is the 2nd main type of cancer in terms of incidence and the main cause of death for both sexes. According to Korea Central Cancer Registry, lung cancer was the fourth most frequent cancer (10.0%, 21,753 out of a total of 218,017) in Korea in 2011. It has been reported that lung cancer has a poor five-year survival rate (20.7%), compared with the five-year survival rate for all cancers which is 66.3% [2].

There are various definitions of quality of life (QoL), but healthcare providers in cancer care tend to address the QoL by focusing on the concerns of their patients. Improvements in quality of life (QoL) are clinically important, and the US Food and Drug Administration have considered QoL as the key end point outcome measure for the approval of an anticancer drug [3,4]. Several cancer studies have investigated the QoL of cancer patients. As symptoms, treatment side effects, and the symbolic effect of being a cancer patient determine QoL, these QoL considerations play a substantial role in patients' decisions [5,6]. There are some standardized questionnaires to estimate the QoL objectively, such as the European Organisation for Research and Treatment of Cancer (EORTC) QLQ-C30, but these lack the subjective aspect of the QoL. There is no agreement on the definition of the QoL, however researchers agree that assessing the quality of life should be multifaceted, including physical status (consequences of cancer, treatment side effects), emotional wellbeing, and social relationships. A qualitative method is appropriate to encompass all the components of the QoL for cancer experience [7].

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`Lung cancer has significant unpleasant effects on the quality of life (QoL) of individuals and their family, friends, and acquaintances who are affected by it. Due to the symptom burden associated with lung cancer, symptom management is one of the most important issues in patients with lung cancer [8]. Degner and Sloan [9] found that patients with lung cancer had higher levels of symptom distress than those with other cancers. The qualitative study describing the QoL of women with non-small cell lung cancer (NSCLC) reported numerous serious disruptions to their psychological and social well-being and viewed their illness as a challenge [10].

An increasing number of patients with cancer appear to be using CAM. Ernst and Cassileth [11] reviewed 26 surveys from 13 countries and found that the average CAM use across studies of adult patients with cancer was 31.4% (range 7–64%). Cancer patients reported that they had used CAM as part of taking more responsibility for their own care, to improve their health and psychosocial well-being, and to control their symptoms. Furthermore, CAM use has been shown to improve patients' QoL and satisfaction with care [12].

Even though there are some studies relating to the use of complementary and alternative medicine (CAM) among patients with cancer [13], studies on Korean medicine for lung cancer are poorly documented. Most studies have focused on alternative treatments for cancer, and there are few published research papers that investigate the use of Korean medicine for symptom management, especially in patients with lung cancer [8]. Furthermore, despite a number of studies addressing the increasing use of CAM, the information focusing on the use of acupuncture and herbal medicine in the treatment of cancer has not been well-reported.

To our knowledge there are no previous studies examining QoL of lung cancer patients receiving CAM therapy, using qualitative research methodology. The present study focuses on the data analysis of a study on the QoL of cancer patients receiving CAM care, and their expectations of using CAM.

2. Methods

2.1. Participants

In August 2013, a purposive sample of patients with lung cancer was obtained by recruiting participants from Soram Korean Hospital in Seoul, Korea, a Korean medical hospital specializing in cancer. All the participants were Korean patients who had lung cancer and who were being treated by traditional Korean medical methods. CAM treatments provided in this hospital included pharmacopuncture, acupuncture, herbal medicine, distillation/breathe-in-therapy, moxibustion, and cupping, meditation, yoga, aroma therapy, etc.

The participants who voluntarily decided to take part in the study and provided written informed consent were invited to interview. Among the volunteers, those who meet the inclusion criteria and had sufficient experience of CAM were invited. Participants were eligible to join the study if they were aged >19 years, had been diagnosed with lung cancer, had received Korean treatment for cancer at least 12 times, and had sufficient physical and mental capacity to have an interview in fluent Korean. Exclusion criteria included (1) cognitive deficits or impaired hearing and (2) a co-morbid medical illness other than cancer that may affect the quality of life. Eligible participants were invited to an interview, at which time they voluntarily decided to take part in the study and provided written informed consent. Sampling continued until theoretical saturation was confirmed.

2.2. Data collection

The purpose and procedure of this study was explained by the researchers and the all the participants signed consent forms before the interview. No complaints were raised during the whole interview process. The present study was performed under Institutional Review Board regulations.

The sociodemographic characteristics and disease/treatment information of the participants were collected by questionnaire before the interview started (Tables 1 and 2). Patients' tumor stage was recorded using the TNM classification system. Treatment and time since treatment were also summarized. All disease/treatment information was extracted from the hospital charts. Patients rated their current activity level using the Karnofsky Performance Status Scale (KPSS), ranging from 0% to 100%.

Two interviewers (WM and HS) conducted interviews in a private room in the hospital where the participants were recruited. Each interview lasted 20–30 min. A list of topics guided the interview process, however participants were also encouraged to talk generally on the topic. A semi-structured format was used in each interview, and focused on four topics: (1) Tell me about your cancer and your course of treatment. (2) Tell me how your cancer has affected your quality of life (Interviewee did not directly mention 'QoL' and the questions encompassed physical change, psychological change, social interaction, and life and death based on Ferrell et al. [14]. (3) Tell me about your experiences of CAM treatment. (4) Tell me about the differences you feel after receiving CAM treatment. (5) Tell me what you think separates CAM from biomedicine (Table 3). The entire interview was recorded and transcribed by the interviewers. Interviews were performed in Korean, and the quotations presented in this manuscript were thereafter translated into English.

Table 1
Demographic characteristics of the participants.

Characteristics	Value
Demographic characteristics (*n* = 15)	
Age (years)	49.7 ± 7.5
Gender	
Male	6
Female	9
Marriage	
Married	15
Employment status	
Working	3
Sick leave	7
Retired	2
Housewives	3
Unemployed	1
Education	
Elementary school	1
Middle school	0
High school	6
College graduate	8
Cancer type	
NSCLC	14
SCLC	1
Stage	
Stage IA	1(7%)
Stage IIA	0(0%)
Stage IIB	0(0%)
Stage IIIA	1(7%)
Stage IIIB	1(7%)
Stage IV	12(80%)
Average period of CAM treatment (days)	241

Abbreviations: NSCLC: non-small cell lung cancer; SCLC: small cell lung cancer. Stage: staging of lung cancer was conducted under the TNM classification system. Information of cell type was collected from some of the participants.