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Attitudes and beliefs of paediatric oncologists regarding complementary and alternative therapies

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Summary The last decades have seen increasing patient use of complementary and alternative treatment methods (CAM) in paediatric oncology, too. However, there have been few scientific studies of paediatric oncologists' views and attitudes on CAM to date.

We report the results of a cross-sectional questionnaire survey amongst paediatric oncologists in Germany. In addition to descriptive statistics, dichotomous subgroups were formed and univariate and multivariate analyses performed.

There were 175 evaluable questionnaires (response rate 26.5%). Almost half of the responders (48%) had not been taught anything about CAM at medical school. Knowledge about CAM was found significantly more often in younger doctors (<43 years), in doctors who brought up the subject of CAM with the parents and in doctors working in non-university hospitals with fewer than 50 new admissions per year. A little over half of the responders (56%) had never used CAM when they had been ill themselves. Most of the doctors (78.9%) agreed fully or somewhat with the statement "CAM should be used after completion of the conventional treatment". Older doctors agreed significantly more often that CAM should be used after failure of the conventional treatment. Paediatric oncologists were worried about CAM use by their patients because of possible interactions (76%) or side-effects (65.7%), additional costs (75.4%), possible prevention or delay of conventional treatment (68%) and their own lack of competence to provide advice. The topic of CAM was raised at the first consultation by 41.1% of the responders. A wish for more continuing medical education on CAM was expressed by 85.2%.

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In summary, the data presented here indicate that the majority of the responding German paediatric oncologists is open towards continuing medical education on CAM, not least in the interest of becoming more competent to advise their patients. This is in contrast to the fact that German paediatric oncologists currently tend not to actively bring up the topic of CAM in their consultations with parents. Younger doctors with shorter professional experience in paediatric oncology currently have a fundamentally more positive attitude towards CAM issues.

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Introduction

The National Centre for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health (NIH) defines complementary and alternative medicine (CAM) as a group of medical and healthcare systems, practices and products that are not presently considered to be part of conventional western medicine.¹ In the last decades, however, the use of complementary therapies amongst patients has increased both in the field of self medication and in prescribing by physicians. Thus GPs are more and more often requested to assist their patients with advice on or referrals to complementary medicine.² In the field of complementary pharmacotherapy herbal remedies are gaining more and more importance. A national study by Ross et al.³ in Scotland revealed that a substantial number of general practitioners do prescribe herbal and homoeopathic remedies in their daily practice. This is true particularly for the treatment of children where homoeopathic remedies are commonly prescribed mostly for self-limiting conditions, as described by Ekins-Daukes et al.⁴ But non-pharmacological treatments such as manual therapies or embrocations are also prescribed and asked for quite often.

This development is important for the physician working in a hospital too. According to Zuzak,⁵ 58% of children who attended an emergency department in Switzerland used CAM therapies. Other surveys in children with chronic diseases such as bronchial asthma,⁶ ADHS⁷ and diabetes mellitus^{8,9} draw a similar picture. This also holds for the field of paediatric oncology where a number of surveys and studies have investigated the use of CAM and its concomitants in the last 20 years (see Ref. 10 for a review). A survey in Germany revealed that 35% of all children diagnosed with cancer use CAM therapies.¹¹ Thus clinicians have to be aware that patients are familiar with CAM therapies and actively ask for them during their in-patient treatment.

In contrast to the sufficiently available data on the use of CAM in paediatric oncology physicians' knowledge about adverse drug reactions of these remedies still tends to be unclear and imprecise and is based mainly on case reports. In addition beliefs, opinions and attitudes of paediatric oncologists regarding CAM have only been investigated by one survey.¹² In this study, although the majority of the participating physicians emphasized the need for open communication with the parents about CAM, less than half of them did finally talk about CAM. When asked about their opinions on CAM, physicians ranked therapies such as massage or yoga as quite helpful to increase quality of life while others such as dietary supplements, herbal medicine, special diets, vitamins and chiropractic were regarded as potentially harmful for the patients. Quite similar results came out of a survey by Sawni et al.¹³ asking US-American

paediatricians about their attitudes towards CAM. Unfortunately most of these surveys have been carried out in the US only. Due to legal aspects, financial issues and underlying definitions of CAM the results cannot be directly extrapolated to European health care systems. Nevertheless, knowledge about paediatric oncologists' attitudes and beliefs on CAM is important if we are to reduce the knowledge gap and enhance communication between patients and physicians.

Thus, there is an urgent need for surveys on the beliefs, attitudes and competencies of paediatric oncologists. We therefore conducted a cross sectional study amongst German paediatric oncologists with the aim of understanding and improving patient-physician communication regarding CAM. Primarily we wanted to identify predictors for openness towards CAM which might lower the barriers for patients to talk about CAM. Further we wanted to look for parameters which might contribute to improved undergraduate and graduate education on CAM.

Materials and methods

Participants

The questionnaire was distributed to all medical members of the German Society of Paediatric Oncology and Haematology (GPOH). In a first round, questionnaires were distributed to delegates attending the National Conference of the GPOH in 2008. Members of the GPOH who did not attend the conference received the questionnaire by post. Recipients were asked to return the questionnaires anonymously within 2 months. To increase participation a reminder was again sent to all participants.

Questionnaires and procedure

A self-developed four-part questionnaire was used to evaluate attitudes towards and usage of CAM in paediatric oncology. The questionnaire-development was based on published literature on this topic. In a pilot-phase a pre-version of the questionnaire was tested in a group of 20 paediatric-oncology-experts in terms of comprehensibility and definiteness. The final version of the questionnaire included the findings of this pilot-phase. The first part collected socio-demographic information about the physicians and structural data on their work environment. The second part asked questions about how CAM was integrated in the paediatric oncological treatment regimen. The third part was about attitudes and wishes on further education on CAM. All questions could be answered on a four-point Likert scale from 1 = complete agreement to 4 = complete disagreement.

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