

Original Article

Perceptions of Complementary Medicine Integration in Supportive Cancer Care of Arabs and Jews in Israel: A Cross-Cultural Study

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Abstract

Context. There is a dearth of studies on how cultural background influences patients' attitudes and choices regarding complementary and traditional medicine (CTM) integration.

Objectives. To explore Arab and Jewish patients' perspectives regarding CTM use and its possible integration within conventional cancer care.

Methods. This was a cross-cultural study. We developed a 27-item questionnaire that evaluates patients' perceptions regarding CTM integration in supportive cancer care. The questionnaire was administered to a convenience sample of patients receiving cancer care in community and hospital oncology centers.

Results. Of the 770 respondents (response rate 88%), 324 defined their religion as Muslim, Christian, or Druze (henceforth, regarded as Arabs) and 446 were Jews. Respondents in the two groups differed significantly in terms of age, gender, marital status, number of children, education, religiosity, and prevalence of cancer types (excluding breast cancer). Although Arab respondents reported less use of CTM for cancer-related outcomes (39.6% vs. 52.1%; $P = 0.001$), they expressed greater support than Jewish respondents for optional CTM consultation if provided within conventional oncology care ($P < 0.0001$). Respondents in both groups stated that their primary expectation from the oncologist concerning CTM was to participate in formulating a CTM treatment plan to be provided within the oncology department. Compared with Arab respondents, Jews expected CTM consultations to focus on improving daily functioning and coping, reducing chemotherapy side effects, and providing spiritual support.

Conclusion. Although quality of life-related expectations are more pronounced among Jewish respondents, both groups share the expectation from their health care providers to be actively involved in construction of a tailored integrative CTM treatment plan. *J Pain Symptom Manage* 2015;49:871–877. © 2015 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

Key Words

Cross-cultural medicine, doctor-patient communication, traditional medicine, quality of life, integrative medicine, Middle East

Introduction

In the last decade, more and more researchers and clinicians have observed the high prevalence of complementary and traditional medicine (CTM) use with respect to patients' health beliefs, society, and

culture.¹ The concept of integrative medicine marked a shift from a previously held nonconventional alternative medicine concept toward one supporting the integration of CTM practices and providers in conventional clinical settings that include oncology care and

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other clinical venues. Although research on integrative care models is expanding in the medical literature, there is a dearth of studies on how cultural background influences patients' attitudes and choices regarding CTM integration. In 2009, we reported a study conducted with 3840 Arab and Jewish patients attending seven primary care clinics in northern Israel, in which we suggested tailoring integrative care models based on cultural sensitivity to patients' preferences.² The study outcomes reflect the demographic and cultural diversity of the different Arab and Jewish populations residing in urban and rural areas across northern Israel. We further analyzed the use of CTM practices among Jewish (native Israeli born, Ashkenazi, Sephardic, and ex-USSR immigrants) and Arab subpopulations (Muslims, Christians, and Druze) and reported that specific populations (urban Muslim and ex-USSR Jewish immigrants, as well as rural Druze) have a high affinity toward CTM, primarily concerning the use of herbs.³⁻⁵ The high prevalence of herbal use among these populations is rooted in Muslim and Jewish traditional medicine, which historically prospered side by side in medieval times across the Mediterranean Basin and the Middle East, spanning from Spain to Egypt and Persia.⁶ Thus, the yearning for traditional medicine, inspired by such "founding physicians" as the Muslim Ibn-Sina and Jewish Rabbi Maimonides, still echoes in certain populations, particularly among Arabs residing in the Israel of today with its modern and high-tech medical orientation.

Reports from recent studies conducted in the Middle East and other societies associated with traditional medicine use emphasize the profound impact of CTM and herbal use on daily conventional practice, above all in oncology care.⁷ Indeed, CTM use among patients with cancer in developing countries and in Western societies with multicultural populations is frequently not disclosed to their health care providers (HCPs), thus posing potential risks to the efficacy and safety of oncology treatment.⁸ Integration of CTM within conventional oncology care (henceforth, integrative oncology) is becoming recognized as an important process for improving HCP-patient dialogue and patient-centered care by provision of evidence-based consultation that takes into account both effectiveness and safety-related issues.⁹

In this study, we aimed to compare perspectives of Arab and Jewish cancer patients concerning CTM use and their perspectives regarding CTM integration within their oncology care services, whether in the community or in the hospital. Arab cancer patients' perspectives regarding CTM were previously reported by the authors¹⁰ but not yet compared with a cohort of Jewish patients who receive supportive care in the same oncology setting. Based on the findings of a

previous study that we conducted in a primary care setting, we hypothesized that northern Israel, with its cultural diversity and connection to Arab and Jewish traditional schools of medicine, would be an ideal setting to explore the impact of coexisting modern and traditional systems on clinical practice. Apart from studying CTM use in the Arab and Jewish societies, we aimed to explore respondents' perspectives regarding the goals of CTM integration in cancer care and their expectations of the role of HCPs in the integration process.

Methods

Participants and Setting

The study was performed between July 2009 and February 2013 using a convenience sample of patients attending three cancer care centers located in northern Israel. Two of the centers provide outpatient treatments in a community-oriented secondary care setting operated by the largest health maintenance organization in Israel (Clalit Health Organization). The other study site was the oncology institute at a governmental hospital (Rambam Health Care Campus), which operates an inpatient oncology department and a chemotherapy and radiotherapy outpatient center.

Participation in the study was offered to patients with all stages of cancer, who came to the centers for oncology consultation and/or chemotherapy/radiotherapy (e.g., adjuvant, neoadjuvant, or palliative treatment, or follow-up care). Participants had to be older than 18 years. The Rambam and Carmel Medical Centers' Institutional Review Boards (Helsinki Committees) approved the study before its initiation.

Study Design

A questionnaire was developed by the authors after a comprehensive literature review of studies published in Israel, the Middle East, Europe, and North America on cancer patients' perspectives concerning CTM use and integration in oncology care. This was followed by interviews conducted with 36 HCPs in two oncology centers, 25 physicians and therapists practicing complementary medicine, and 24 patients in the midst of oncology treatments. The goal of the interviews was to identify practitioners' and patients' expectations regarding the potential role of CTM in improving supportive cancer care. Interviews were complemented by three focus group discussions that included oncologists, social workers, and administrative personnel working at two oncology centers. A draft questionnaire was constructed based on these interviews and presented to a focus group of five patients who varied in age, gender, education, health status, background culture, previous/current CTM use, and phase of cancer treatment. On receiving the focus groups' feedback, the questionnaire was then

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