

Original Article

Compared Perspectives of Arab Patients in Palestine and Israel on the Role of Complementary Medicine in Cancer Care

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Abstract

Context. Complementary medicine (CM) is extensively used by patients with cancer across the Middle East.

Objectives. We aimed to compare the perspectives of two Arab populations residing in diverse socioeconomic-cultural settings in Palestine and Israel regarding the role of CM in supportive cancer care.

Methods. A 27-item questionnaire was constructed and administered to a convenience sample of Arab patients receiving cancer care in four oncology centers in northern Israel and Palestine.

Results. Each of the two groups had 324 respondents and was equally distributed by age and marital status. Compared with the Israeli-Arab group, Palestinian participants reported significantly higher CM use for cancer-related outcomes (63.5% vs. 39.6%, $P < 0.001$), which included more herbal use (97.6% vs. 87.9%, $P = 0.001$) and significantly lower use of dietary supplements, acupuncture, mind-body and manual therapies, and homeopathy. Most respondents in both groups stated that they would consult CM providers if CM was integrated in oncology departments. Related to this theoretical integrative scenario, Palestinian respondents expressed fewer expectations from their oncologists to actively participate in building their CM treatment plan. Treatment expectations in both groups focused on improving quality of life (QOL), whereas Palestinian respondents had fewer expectations for CM to improve fatigue, emotional concerns, sleep, and daily functioning.

Conclusion. Arab patients with cancer from Palestine and Israel highly support CM integration within their oncology institutions aiming to improve QOL. Nevertheless, respondents differed in their perceived model of CM integration, its treatment objectives, and their oncologists' role in CM integration. *J Pain Symptom Manage* 2015;49:878–884. © 2015 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

Key Words

Oncology, integrative medicine, complementary and alternative medicine, doctor-patient communication, palliative care, quality of life, Islamic medicine

Introduction

From ancient times, the Middle East has served as a cross-cultural junction for a variety of traditional schools of medicine that still imprint complementary medicine (CM) use in Arab and Jewish societies. Studies conducted independently in Palestine and

Israel indicate a high prevalence of herb use among patients with cancer and use of CM modalities that are more prevalent in Western societies (e.g., acupuncture, nonherbal nutritional supplements, mind-body, and manual practices).^{1–3} Extensive use of herbs in oncology settings is also evident in other Middle Eastern countries (Jordan,⁴ Lebanon,⁵

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Turkey,⁶ Saudi Arabia,⁷ and Morocco⁸) and reflects the inclination of patients throughout the region toward traditional Islamic medicine, which has served through the generations as a mediator between Western Greek and the Eastern Ayurvedic and Chinese schools of medicine.⁹ This highly prevalent use of CM poses a challenge to health care practitioners (HCPs) who are increasingly expected by their patients to advise them on CM effectiveness and safety in cancer care.¹⁰ Despite emerging ethnopharmacological, basic, and clinical research in the Middle East, integrative oncology services offering evidence-based CM consultations are currently available only in a limited number of oncology centers in Israel.¹¹ This lack of professional consultation on CM use imposes significant concerns, especially regarding herb-chemotherapy interactions and toxicity risk of nutritional supplements of questionable quality and standardization.^{12,13} In a previous study, we explored Israeli-Arab cancer patients' attitudes regarding CM use in cancer care and recommended integrating a CM consultation service in oncology departments challenged by culturally diverse populations.³ We hypothesized that an integrative physician consultant, dually trained in supportive cancer care and CM, may provide patients and oncologists with evidence-based consultation that respects patients' health belief paradigms and expectations and, at the same time, considers effectiveness and safety issues. Yet, our observations and conclusions were limited to a specific Arab population of patients with cancer residing in Israel, and it was necessary to verify our findings in additional Arab populations.

In the present study, we compared perspectives of two Arab populations residing in diverse socioeconomic-cultural settings in northern Israel and Palestine regarding CM's role in cancer care and its potential integration into conventional oncology centers. This rare collaborative research was conducted, despite considerable political conflict and enmity between the two entities, with the intent of illuminating patients' perspectives in both societies aiming to improve their quality of life (QOL) by enhancing integrative supportive care.

Methods

Study Design

A questionnaire was developed by the authors after a literature review of studies published in the Middle East on CM use in an oncology setting. The draft questionnaire was further constructed based on interviews with 61 conventional and CM practitioners and 24 patients, and on the contents of three focus group discussions that included oncologists, nurse oncologists,

social workers, and administrative personnel working at two oncology centers in Israel. A refined draft questionnaire was then presented to two focus groups of five patients each who varied in age, gender, education, cancer diagnosis and treatment, and previous CM use. On receiving their feedback, the questionnaire was then revised and sent for reappraisal to a group of 12 health care professionals working in an oncology setting. The Hebrew version of the questionnaire was translated into Arabic, and translation accuracy was validated by back translation of the questionnaires to Hebrew. This Hebrew-Arabic version of the questionnaire was examined by a group of four Palestinian researchers who slightly modified the questionnaire to better suit it to the local terminology. This cross-cultural adjustment included deletion of questions regarded as inappropriate in the context of interviews conducted in a public Palestinian hospital (e.g., questions regarding patients' degree of religiosity). The Palestinian version of the questionnaire was further reviewed by two fluent Arabic-speaking Israeli researchers (one physician and one lawyer with training in spiritual support) who compared each question in the two versions and attained a high rate of congruence.

The authors used a broad and understandable definition of CM entailing "therapies often named alternative, complementary, integrative, natural, or folk/traditional medicine." Added to this definition was a list of CM modalities that are prevalent in Israel and Palestine. The final version of the questionnaire comprised 11 questions regarding patients' demographics and 18 questions about patients' use or attitudes toward CM and spiritual aspects, which included 14 limited-choice questions (yes, no, other, or not relevant), four multiple-choice questions, and 11 questions with responses on a Likert-like scale.

Questionnaires were administered to patients attending oncology consultation and/or treatment by research assistants specifically trained in interviewing patients on CM use, who were instructed to relate only to CM used in the context of cancer diagnosis or treatment. Patients were given the option of filling out the questionnaire themselves or having the questions read to them with the research assistant recording their answers. Survey data were entered into a computer database for further analysis.

Study Sites and Participants

The study was performed in Wattani Hospital, Nablus, Palestine between December 2010 and June 2012, and in a total of three cancer care centers (one at the Rambam Health Care Campus in Haifa and two outpatient oncology services in clinics

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