Patient Education and Counseling 97 (2014) 135–139

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

Reflective Practice

Integrating family medicine and complementary medicine in cancer care: A cross-cultural perspective☆

Eran Ben-Arye [a,b,*], Pesi Israely [a], Erez Baruch [a], Jamal Dagash [a,b,c]

[a] Integrative Oncology Program, The Oncology Service, Lin Medical Center, Clalit Health Services, Haifa, Israel
[b] Complementary and Traditional Medicine Unit, Department of Family Medicine, Faculty of Medicine, Technion-Israel Institute of Technology, Haifa, Israel
[c] Palliative Care – Home Care Hospice, Clalit Health Services, Haifa, Israel

ARTICLE INFO

Article history:
Received 30 September 2013
Received in revised form 7 May 2014
Accepted 15 June 2014

Keywords:
Doctor–patient communication
Supportive care
Family medicine
Integrative medicine
Complementary Alternative Medicine
Cross-cultural

ABSTRACT

In this paper, we describe the case study of a 27 year-old Arab female patient receiving palliative care for advanced breast cancer who was referred to complementary medicine (CM) consultation provided within a conventional oncology department. We explore the impact of the integrative CM practitioners' team of three family physicians and one Chinese medicine practitioner on the patient's well-being and specifically on the alleviation of her debilitating hot flashes and insomnia. This quality of life improvement is also affirmed by comparing the Edmonton Symptom Assessment Scale (ESAS) and Measure Yourself Concerns and Well-being (MYCAW) questionnaires administered at the initial and follow-up assessment sessions. In conclusion, we suggest that family physicians trained in evidence-based complementary medicine are optimal integrators of holistic patient-centered supportive care. The inclusion of trained CM practitioners in a multi-disciplinary integrative team may enhance the bio-psycho-social-spiritual perspective, and provide additional practical therapies that improve the quality of life of patients confronting cancer.

1. Exposure to integrative oncology training

In October 2012, two of the authors, Jamal and Erez, joined a 270-h integrative oncology training program designed for family physicians interested in acquiring complementary medicine-based supportive care skills. Jamal, an Arab-Muslim family physician directing a palliative care unit, and Erez, a Jewish family physician working in a semi-urban community clinic, had recently joined the weekly 5-h training sessions offered by the integrative oncology program (IOP) operated within an oncology outpatient facility of the largest health maintenance organization in northern Israel.

The IOP, established in 2008 with the aim of improving the quality of life (QOL) of patients receiving chemotherapy within the conventional oncological care setting, offers its services free of charge to patients referred by the oncology service providers (oncologist, nurse, or psycho-oncologist) with specific QOL concerns [1]. The IOP director is also a family physician in charge of a multi-disciplinary team of 17 physicians and paramedical practitioners with dual training in complementary medicine (CM) and conventional care (nurses, social worker, physiotherapist, occupational therapist, and a dietary consultant) as well as CM practitioners who completed an integrative oncology training program.

Jamal and Erez participated in an IOP training program designed for specialists in family medicine who choose to focus their continuing medical education (5 weekly hours) in a specialized clinic which integrates CM within cancer supportive care. Prior to joining the IOP training, family physicians need to have concluded a 26-h introductory course on CM offered by several academic institutions in Israel (e.g. family medicine residency programs and CME courses) [2]. The two-year IOP training program objectives include gaining knowledge of CM efficacy and safety in cancer supportive care, acquiring practical therapeutic skills (e.g. acupressure for nausea relief) and adopting attitudes in favor of a non-judgmental evidence-based approach. Throughout the entire training program, clinical and psychotherapeutic supervision is provided by the IOP director and psycho-oncologist.

The training program took place early on Tuesday mornings, starting with a clinical staff meeting in which Jamal and Erez, the two male family physicians, met with Eran, the IOP director (also male), and Pesi, a traditional female Chinese practitioner who recently joined the team as part of her specialized training in

☆ For more information on the Reflective Practice section please see: Hatem D, Rider EA. Sharing stories: narrative medicine in an evidence-based world. Patient Education and Counseling 2004;54:251–253.

* Corresponding author at: Integrative Oncology Program, The Oncology Service, Lin Medical Center, 35 Rothschild St., Haifa 35152, Israel. Tel.: +972 48568334; fax: +972 48568249; mobile: +972 528709282.
E-mail address: eranben@netvision.net.il (E. Ben-Arye).

http://dx.doi.org/10.1016/j.pec.2014.06.006
0738-3991/

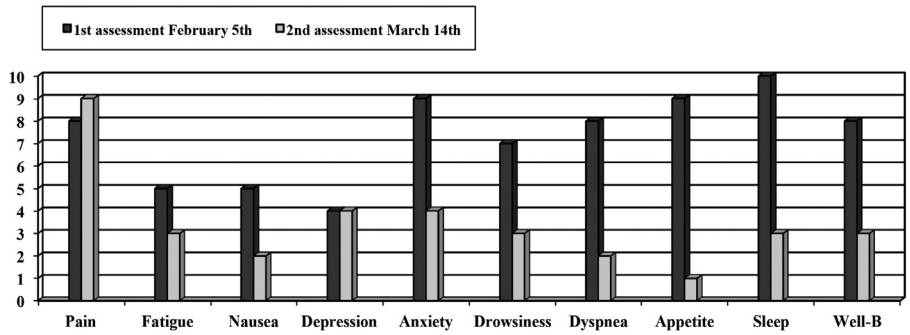

Fig. 1. Comparison of Shadya's quality of life self-assessments (based on the ESAS questionnaire). Edmonton Symptom Assessment Scale questionnaire, which was validated in several oncology settings, has good internal consistency and correlates appropriately with corresponding QOL questionnaire measures [18]. A score of 0 reflects the best condition and 10 reflects the worst.

integrative oncology, which is a mandatory prerequisite for CM practitioners who wish to join the IOP team.

2. Shadya, in between hot flashes and breast cancer pain

Shadya, a 27-year-old married woman and mother of 5, was diagnosed with breast cancer following a diagnostic work-up initiated by her family physician. One year prior to cancer diagnosis, Shadya felt engorgement in her left breast and attributed it to milk accumulation although she was not lactating at the time. Several months later she consulted her family physician, who referred her to a breast care clinic. Left breast invasive ductal cancer was diagnosed at stage III T3N2MO. Further diagnostic workup suggested liver metastases. Shadya's oncologist prescribed palliative chemotherapy with docetaxel once every two weeks with the aim of minimizing local breast pain and attenuating disease progression. Shadya was referred to IOP consultation by her psycho-oncologist who assessed a need for integrative supportive care.

Scheduling an appointment with Shadya was no simple task. Shadya and Walid, her husband who had recently emigrated from Jordan, lived in a rural Arab community in northern Israel and spoke only rudimentary Hebrew. Based on the integrative team's prior experience with barriers to integrative care provision among patients with cancer from the Arab community, Arabic-speaking Jamal initiated a phone call to Shadya and scheduled an appointment for the following Tuesday.

Shadya and Walid arrived at the meeting 50 min late, leaving only 10 min to conduct a brief assessment of Shadya's well-being and concerns. Shadya told Jamal and Eran that for the last 3 years she had felt that her breast was congested, but had attributed it to lactation (even though she was not nursing). Following the cancer diagnosis, she was advised by relatives to change her diet by increasing salads and lemon juice and using edible capsules containing the herb *Arum Palestinum*, considered in traditional Arab medicine as an anti-cancer remedy. Based on the ESAS [3] questionnaire, Jamal and Eran assessed significant insomnia, anxiety, dyspnea, pain, fatigue and nausea (see Fig. 1). When asked to write down the two most serious concerns she would like the physicians to help her with (MYCAW questionnaire) [4], Shadya rated headaches and hot flashes with the maximum severity score of 6 out of 6 (see Fig. 2). The very short initial meeting concluded with traditional-Arab medicine oriented recommendations regarding herbs and nutrition aimed at improving Shadya's QOL and a 15-min acupuncture treatment conducted by the IOP in Shadya's oncologist's office. Although she was unfamiliar with this kind of treatment, Shadya felt a sense of safe containment in the room which enabled her to close her eyes and relax.

Next to this initial integrative oncology assessment, Shadya's oncologist diagnosed breast tumor and liver metastasis progression. The oncologist switched the chemotherapy to Letrozole and LHRH agonist which yielded, over the next 3 months, only a partial response. Parallel to the oncologist's surveillance, Shadya and Walid scheduled weekly to biweekly sessions with the integrative team. During the next 4 months, Erez and Pesi joined Jamal and Eran in the provision of integrative treatment aimed at improving Shadya's well-being and addressing her growing emotional and spiritual concerns. During the 5 initial sessions, the integrative treatment goals focused on improving Shadya's headaches, breast pain, hot flashes, insomnia, fatigue, and to some extent, her anxiety (see Table 1 summarizing treatment goals and modalities along the initial 6-week period). The oncologist's decision to switch from chemotherapy with docetaxel to hormonal therapy resulted in an increase in Shadya's hot flashes and re-prioritized the integrative treatment goals aiming to alleviate its severity, duration, frequency, and impact on sleep and emotional distress. The integrative treatment included acupuncture, an herbal supplement (*Cimicifuga racemosa*) and dietary and herbal consultation oriented toward traditional Islamic medicine. Shadya reported a significant improvement in her headaches following the acupuncture treatments but no improvement in the severity of the hot flashes and insomnia. The unsuccessful treatment of these symptoms influenced the integrative practitioners to change the therapeutic setting. With Shadya's consent, Walid was invited into the room and asked if he was willing to participate in the therapy process. He was instructed by Erez to apply gentle acupressure on Shadya's legs by mirroring the physicians' manual application, which he could carry on doing at

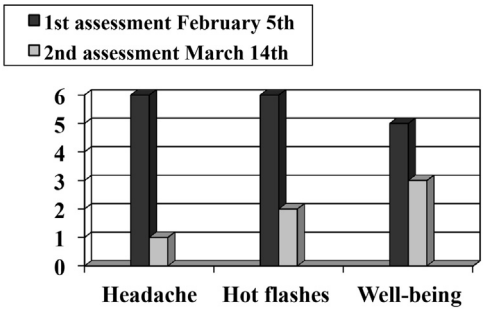

Fig. 2. Comparison of Shadya's self-assessment of concerns (based on the MYCAW questionnaire). Measure Yourself Concerns and Wellbeing questionnaire was validated in a supportive cancer care setting that includes complementary therapies [4]. A score of 0 refers to the concern not bothering the patient at all, and 6 indicates the concern greatly bothering the patient.