"It's natural so it shouldn't hurt me": Chemotherapy patients' perspectives, experiences, and sources of information of complementary and alternative medicines

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“It’s all natural so it shouldn’t hurt me”: Patient perspectives, experiences, support needs, and sources of information of complementary and alternative medicine use during chemotherapy.

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“It’s natural so it shouldn’t hurt me”: Chemotherapy patients’ perspectives, experiences, and sources of information of complementary and alternative medicines

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“It’s natural so it shouldn’t hurt me”: Chemotherapy patients’ perspectives, experiences, and sources of information of complementary and alternative medicines

Abstract

Background and purpose: Minimal evidence regarding the safety and efficacy of complementary and alternative medicine (CAM) use during chemotherapy is accompanied with a high prevalence of use and nondisclosure to health professionals. This study aimed to explore patients’ perspectives, experiences, support needs, and sources of information regarding CAM use during chemotherapy.

Materials and methods: Semi-structured interviews with ten adult participants who recently completed chemotherapy treatment at a large hospital in Australia were transcribed verbatim. Three investigators thematically analysed the interviews.

Results: These participants receiving chemotherapy value CAMs as a natural complement to chemotherapy to improve wellbeing, with their use most strongly influenced by past experiences rather than expert advice.

Conclusion: Health professionals would benefit from education on how to best inform patients of the potential risks, harms and lack of efficacy for CAM use during chemotherapy in a way that does not lead to patient non-disclosure of CAM use.

Keywords: alternative therapies, cancer, chemotherapy, complementary and alternative medicine, complementary therapies.

Study highlights:
These participants receiving chemotherapy value CAMs as a natural complement to chemotherapy to improve wellbeing.

CAM use was most strongly influenced by past experiences rather than expert advice.

Participants’ trust in CAM knowledge and hope for improved wellbeing was influenced by a vulnerability to external opinions.

Understanding the needs and perspectives of patients undergoing chemotherapy regarding CAMs assists health professionals in supporting patients with safe and effective CAM use.
1. Introduction

Patients undergoing chemotherapy report a high burden of fatigue, pain, nausea, vomiting, disrupted sleep, and cognitive problems despite significant advances in the medical management of chemotherapy side-effects and cancer symptoms. These side-effects can decrease quality of life and patients’ tolerance to as well as willingness to commence or complete anti-cancer treatment, thereby collectively affecting survival. Complementary and alternative medicines (CAMs) are not part of conventional cancer therapies but are often used by patients with cancer to manage the many debilitating side effects of chemotherapy treatment, or the effects of the cancer itself. Systematic review findings report the most common reasons for CAM use during chemotherapy as symptom and side effect management, being willing to try anything, wanting to explore all options, wanting to promote general wellbeing, wanting to feel better, have hope, improve energy, boost immune system, and for emotional support.

There is some evidence for the efficacy of both pharmacological (any oral, topical, or intravenous agent such as vitamins, dietary supplements, and herbal products) and non-pharmacological CAMs (e.g. prayer, meditation, hypnotherapy, art, writing, massage, acupuncture, chiropractic) in alleviating symptoms during chemotherapy. For example, systematic reviews examining patients receiving chemotherapy suggest potential benefits of vitamins A and E on oral mucositis and peripheral neuropathy, ginger on nausea and vomiting, and Chinese herbal medicine on myelosuppression. In regard to non-pharmacological CAMs, systematic reviews
suggest that acupuncture may benefit cancer-related pain and chemotherapy-induced peripheral neuropathy symptoms, and meditation as well as cognitive training may improve chemotherapy patients’ perceived cognitive impairment and ability. However, these studies all present insufficient evidence for strong recommendations for the use of CAMs mainly due to heterogeneity and small sample sizes. Furthermore, some CAMs may impact on patients’ pathology, cause complications of medical conditions, delay medical diagnosis and curative treatment, and interact with medications. For example, ginger commonly used for chemotherapy-induced nausea and vomiting can reduce platelet aggregation and therefore may be harmful if used by patients with platelet function defects, coagulopathy, or thrombocytopenia. Some CAMs may also alter the metabolism of chemotherapy, such as St. John’s Wort which is commonly used for depression, anxiety, sleep disorders, and nervousness. The potential harmful impacts of some CAMs can therefore lead to reduced cancer treatment efficacy, increased toxicity of chemotherapy, or other potentially dangerous side effects.

Despite often contradictory and generally low-level evidence of their effectiveness, prevalence of CAM use among patients undergoing chemotherapy is high, while disclosure of this use to health professionals (HP) is low. It is estimated that up to 80% of chemotherapy patients use CAMs, mainly as complementary medicines rather than alternative medicines to conventional cancer therapies. More specifically, almost half of patients use both pharmacological (e.g. supplements, herbal products) and non-pharmacological CAMs (e.g. acupuncture, hypnotherapy), whereas approximately 30% use pharmacological-only CAMs, and 20% use non-
pharmacological-only CAMs. Although CAM use among chemotherapy patients is common, a systematic review of 21 studies suggests that only 50-60% of cancer patients disclose this use to their HPs. The main reasons that have been cited for nondisclosure are a lack of HP inquiry; patient-reported HP disapproval, disinterest, or lack of training on providing information on CAMs; and patients perceiving CAM use as being irrelevant to conventional care. In summary, there is good evidence to say that patients are using CAMs during chemotherapy, and in some cases it could be counterproductive or dangerous to them.

The common use of non-prescribed CAMs during chemotherapy, minimal guiding evidence regarding safety and efficacy, and nondisclosure to HPs is concerning, and thus warrants further research. An in-depth understanding of the needs and perspectives of patients undergoing chemotherapy regarding CAMs assists HPs in supporting patients with safe and effective CAM use. Therefore, this study aimed to explore patients’ perspectives, experiences, support needs, and sources of information regarding CAM use during chemotherapy of patients pre-disposed to CAM use during a randomized controlled trial.
2. Materials and methods

This is a sub-study of the Supplemental Prophylactic Intervention for Chemotherapy Induced Nausea and Emesis (SPICE) trial. The SPICE trial was a double-blind placebo-controlled trial that assessed the efficacy, safety, and cost-effectiveness of an adjuvant standardized ginger supplement in reducing chemotherapy-induced nausea and vomiting. The qualitative design and reporting of this study were developed according to the Qualitative Research Review Guidelines Guide to Peer-Reviewing Qualitative Manuscripts.

[Ethics committee name and registration removed for blinding] and the [Ethics committee name and registration removed for blinding] granted ethical approval for this study.

2.1. Participants and recruitment

Participants for this qualitative sub-study were recruited from the N=103 participants of the SPICE trial conducted at a large metropolitan hospital in Brisbane, Australia. Eligible participants were physically and cognitively functional, English-speaking, and chemotherapy-naïve adults who had completed their moderately or highly emetogenic single-day chemotherapy without concurrent radiation within 12 months of the recruitment date. Participants of the SPICE trial were screened by two researchers to determine who had completed their chemotherapy treatment. They were then approached via telephone call by the two researchers to be invited to participate and verbal consent was obtained. A telephone interview was then scheduled for a future date. Recruitment continued.
until interview data revealed complexities and richness, whereby no new information or themes emerged from sampling subsequent participants.

2.2. Data collection and management

Two researchers [author initials removed for blinding] who were trained in qualitative methodology and not involved in the routine care of consenting participants conducted semi-structured telephone interviews together. Participants were blinded to their SPICE Trial group allocation (ginger or placebo) at the time of interview. A semi-structured interview guide was developed using open-ended questions (Table S1). Interviews were audio recorded and one researcher [author initials removed for blinding] transcribed them verbatim [author initials removed for blinding]. A second researcher [author initials removed for blinding] checked transcripts against audio recordings for accuracy. Identifiable participant information was removed from the transcripts and pseudonyms were given to the participants and any individuals discussed during the interviews. Researchers maintained field notes during and following each interview to document verbal and non-verbal communication that contributed to the interpretation of verbal data. All raw data, researcher notes and transcripts were dated and archived in a secure central repository for future reference.

2.3. Data analysis

The transcribed interviews and field notes were analysed using Braun and Clarke’s six phases of thematic analysis: familiarisation with the data, generating initial codes,
searching for themes, reviewing themes, defining and naming themes, and producing a report. Two researchers read all interviews numerous times in their entirety to gain familiarity with the data and search for meanings and patterns. Theoretical and reflective thoughts were documented during immersion in the data. Interview transcripts and observation notes were then coded using QSR International's NVivo 12 Qualitative Data Analysis Software. One researcher gave full and equal attention to all data items by working systematically through the entire data set to generate codes. A second researcher repeated this process to review the codes. Peer debriefing was undertaken, whereby disagreements in coding were managed by consensus between authors, or involvement of a third author. Three researchers reviewed the codes via triangulation to generate and name themes. A fourth researcher conducted an audit to confirm theme generation, and the four researchers discussed any disagreements until they reached consensus. Participant quotes that illustrate themes were identified and agreed upon during triangulation.

3. Results

As shown in Figure 1, the recruitment process led to ten participants completing interviews. One interview of 14 minutes duration was incomplete due to time constraints of the participant. Completed interviews (n=9) ranged from 17 to 75
minutes, with an average time of 35 minutes. Table 1 presents the characteristics of
the ten participants.

Figure 1. Process of recruitment of participants who participated in qualitative
interviews regarding CAM use during chemotherapy.

CTX: chemotherapy; SPICE Trial: supplemental prophylactic intervention for chemotherapy-
induced emesis trial.
Table 1. Characteristics of participants who participated in qualitative study interviews (N=10; n=4 control group of SPICE Trial; n=6 intervention (ginger) group).

<table>
<thead>
<tr>
<th></th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (^a)</strong></td>
<td></td>
</tr>
<tr>
<td>&lt;55 years old</td>
<td>2</td>
</tr>
<tr>
<td>≥55 years old</td>
<td>8</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3</td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>Caucasian Australian</td>
<td>7</td>
</tr>
<tr>
<td>Caucasian European</td>
<td>3</td>
</tr>
<tr>
<td><strong>Type of cancer</strong></td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td>4</td>
</tr>
<tr>
<td>Lung</td>
<td>3</td>
</tr>
<tr>
<td>Bladder</td>
<td>1</td>
</tr>
<tr>
<td>Haematological</td>
<td>2</td>
</tr>
<tr>
<td><strong>Metastatic Cancer</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>4</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
</tr>
<tr>
<td><strong>Previous cancer (^b)</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
</tr>
<tr>
<td><strong>Adjuvant cancer therapy</strong></td>
<td></td>
</tr>
<tr>
<td>Radiotherapy (^c)</td>
<td>1</td>
</tr>
<tr>
<td>Surgery</td>
<td>4</td>
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<tr>
<td>Hormone therapy</td>
<td>1</td>
</tr>
<tr>
<td>Nil</td>
<td>4</td>
</tr>
<tr>
<td><strong>CAM use prior to CTX</strong></td>
<td></td>
</tr>
<tr>
<td>Pharmacological only</td>
<td>1</td>
</tr>
<tr>
<td>Non-pharmacological only</td>
<td>0</td>
</tr>
<tr>
<td>Combined</td>
<td>4</td>
</tr>
<tr>
<td>None</td>
<td>5</td>
</tr>
<tr>
<td><strong>CAM use during CTX (^d)</strong></td>
<td></td>
</tr>
<tr>
<td>Pharmacological only</td>
<td>5</td>
</tr>
<tr>
<td>Non-pharmacological only</td>
<td>0</td>
</tr>
<tr>
<td>Combined</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>3</td>
</tr>
<tr>
<td><strong>Pharmacological CAM use during CTX</strong></td>
<td></td>
</tr>
<tr>
<td>For general health</td>
<td>3</td>
</tr>
<tr>
<td>For energy</td>
<td>2</td>
</tr>
<tr>
<td>For bone health</td>
<td>3</td>
</tr>
<tr>
<td>For CTX side-effects</td>
<td>3</td>
</tr>
<tr>
<td><strong>Non-pharmacological CAM use during CTX</strong></td>
<td></td>
</tr>
<tr>
<td>For relaxation</td>
<td>1</td>
</tr>
<tr>
<td>For CTX side-effects</td>
<td>2</td>
</tr>
<tr>
<td><strong>HP involvement in CAM use during CTX</strong></td>
<td></td>
</tr>
<tr>
<td>HP asked about CAM use</td>
<td>5</td>
</tr>
<tr>
<td>Of those HPs who asked about CAM use, HP recommended CAM use</td>
<td>3</td>
</tr>
</tbody>
</table>

CAM: complementary and alternative medicine; CTX: chemotherapy; HP: health professional; SPICE Trial: supplemental prophylactic intervention for chemotherapy-induced emesis trial.

\(^a\) At time of interview

\(^b\) Previous cancer was not treated with chemotherapy as participants of the SPICE Trial were chemotherapy naive

\(^c\) Radiotherapy was not concurrent with chemotherapy
Participants reported using CAMs during chemotherapy to support general health (magnesium, celery, and/or turmeric supplements), bone health (calcium, vitamin D and/or vitamin B3 supplements), energy levels (multivitamin, ginseng, vitamin B12 and/or fish oil supplements), and relaxation (aromatherapy, music therapy, blog writing, yoga and/or meditation). CAMs used specifically relating to the effects of cancer or cancer treatment included vitamin B supplements for painful nerve damage, massage therapy, acupuncture and/or topical magnesium ointment for pain relief, and multivitamin supplementation to assist post-surgical healing. Only one participant continued the use of ginger for chemotherapy-induced nausea and vomiting after participating in the SPICE Trial, which involved education on the existing evidence regarding efficacy and safety of ginger. Only three participants reported using evidence-based CAMs on advice from a HP. Of the seven participants who had history of CAM use, only three were aware of the possible interference with their chemotherapy, and only one was aware of the possibility for interactions with other medications. No participants were aware of any other side effects of CAM use.

Three themes and one sub-theme were identified. All themes were influenced by an overarching driver, which was not recognized as a theme itself; however, provided a rationale for current perspectives, experiences, and support needs regarding CAM use during chemotherapy. The overarching driver, ‘past experiences’ with CAMs as well as ‘trust in CAM knowledge’ guided CAM use as a ‘natural complement to
curative drugs’ for ‘hope for improved wellbeing’. Participants’ ‘trust in CAM knowledge’ and ‘hope for improved wellbeing’ was influenced by the sub-theme, ‘vulnerability to external opinions’. Figure 1 shows the relationship between themes.
Figure 1: Displays the overlapping themes from the data; historical responses; natural complement to curative drugs; trust in knowledge; hope for improved wellbeing, and vulnerability to external opinions as a subtheme.

Figure 2. Summary of the coexistence of themes in the data exploring the perspectives, experiences, support needs, and sources of information regarding CAM use during chemotherapy.

CAM: complementary and alternative medicine.

3.1. Perspective: natural complement to curative chemotherapy drugs

Participants perceived CAMs as distinctly different from conventional treatments in two ways. Firstly, words such as “rainforest”, “the environment” and “natural” were associated with CAMs, whereas words used to describe conventional medicine were “scientific”, “synthetic”, or “hard drugs”. For example, Betty described her use of CAM as “all natural so
it shouldn’t hurt me” as distinct from the effects of conventional therapy in terms of “it would be great, [better] than having the hard drugs and pumping all that gunk into our bodies”. Secondly, participants did not support the idea of using CAMs as an alternative rather than a complementary therapy. Participants perceived CAMs to support the mind and body, thereby complementing traditional anti-cancer treatments. For example, Grace described CAMs as a vehicle to “boost any treatment that I might be already having”. In contrast, participants like Kate did not perceive HPs as promoting CAMs as natural complements to chemotherapy drugs, noting that doctors have a “one-track medical mind and one fix … for every single person”.

3.2. Experiences: hope for improved wellbeing

Participants described their experiences with CAMs during chemotherapy as providing them with a sense of hope for improved wellbeing although they did not rely on CAMs to cure their cancer. For Sally, they provided “in one word, hope … something that’s going to prolong their lives”. Positive past experiences with CAMs prior to their cancer diagnosis and continued desire for improved health and wellbeing led some participants to continuing these therapies throughout chemotherapy:

I’ve always used it [playing guitar] to relax me … it makes me feel good … even the photography … that’s my form of meditation. (Noah)

Positive experiences with CAMs guided CAM use during chemotherapy; however, even those with no previous experience expressed hope that CAMs would improve wellbeing. Daniela expressed this as “while I’m on them [vitamin B12 and multivitamin] I do feel really
really good ... energy wise ... alertness”. Similarly, Carol noted that “I don’t know [why I use CAMs], just because I thought it was good and good for your body”.

3.3. Support needs and sources of information: trust in CAM knowledge

Participants reported a sense of trust and confidence in CAM knowledge received from others. Word of mouth, family and friends, and the internet were reported as the most common sources of cancer-related CAM information and support; however, one participant also acknowledged expert opinion. Mitch expressed his most trusted form of CAM information as “word of mouth, somebody tried it and it worked ... it always goes back to word of mouth”. Other participants also reported preference for trusting the knowledge of people who have had similar experiences, whereby Betty stated, “I can’t say to you, ‘oh the pain in my chest hurts’ ... because you don’t know what I’m talking about”. On the other hand, some participants also had trust in the CAM knowledge of HPs. For example, Grace stated “I certainly wouldn’t try anything unless I had spoken to him [my oncologist] first”.

With trusting knowledge from others also came the sub-theme of vulnerability to external opinions. For example, Sally had considered trialling medicinal marijuana after seeing it on a television show, despite not feeling it would be “suitable” for her. In this case, Sally had not even been aware of this vulnerability to external opinions, evident by her stating “I do what I want, and nobody influences my decisions”. Likewise, some other participants reported a lack of trust and little influence of other peoples’ knowledge of CAMs for use during chemotherapy, whether it be from word of mouth or HPs:
A lot of people tell me all these things but I don’t really take any notice of them ... it’s hard when people just say ‘oh do this and my friend did this,’ it’s exhausting ... it can be confusing ... all these things put in front of you. (Michelle)

3.4. Driver: past experiences

Past experiences, representing participants’ personal and peer responses to CAMs, underpinned and influenced all themes by providing a rationale for their current perspectives, experiences, and support needs regarding CAM use during chemotherapy. Either positive, neutral, or negative past responses to CAMs were found to affect belief in, and desire to participate in, cancer-related CAM use. For example, Cate believed “CAMs can help you” after she had a positive past response to CAMs and “got over glandular fever quicker than my daughter’s friend who was about twenty years younger than me”. Lack of past experiences with CAMs led to lack of consideration of CAM use in Carol’s case, where she stated “I didn’t really think about it ... I just went for the treatment and that was it really”. On the other hand, patients with direct or indirect negative past experiences with CAMs were less likely to use CAMs:

I have a sister. She died of lung cancer at 53 [years old] ... They put her on this trial, and she was going to live for another 10 years ... She was dead a month later. So as far as different [CAM] medicines and tablets and all that go, I don’t believe in any of that ... I don’t believe in any trials, nothing. (Daniella)
4. Discussion

This study examined the patient perspectives, support needs, experiences, and sources of information of CAMs during chemotherapy as a means to address existing literature that suggests patients do not receive adequate support from their oncology HPs to integrate CAMs safely and effectively into their clinical care. Consistent with the literature, participants of this study had a high uptake of CAMs largely for hope for improved wellbeing; however, associated non-disclosure to HPs and main sources of CAM information being poor quality evidence such as word of mouth suggests HP support could be improved.

Likewise, the finding that participants still value and trust information from HPs suggests enhanced support from HPs would be well accepted by patients undergoing chemotherapy. By exploring these patient perspectives, support needs, experiences, and sources of CAM information, HPs can be advised on how best to provide patient-centred support during chemotherapy to optimize symptom management, cancer treatment, quality of life, and ultimately survival.

The preference for complementary over alternative medicines to enhance, rather than to replace, conventional treatments among participants of this study is consistent with findings in other cancer populations. Whilst this highlights the importance and value patients still place on evidence-based conventional cancer treatment and trust in treating oncology teams, it may be a reflection of the sample as participants were recruited after finishing chemotherapy in a large hospital setting. This finding reveals that chemotherapy patients feel there is a place for CAMs alongside anti-cancer treatments in the healthcare setting and although they don’t rely on CAMs to cure cancer, there is hope they will assist conventional chemotherapy in doing so. Aligning with the findings reported by Salamonsen et al., participants in this study identified CAMs as ‘natural’ and therefore safer; raising concerns...
for HPs due to possible negative outcomes associated with numerous CAMs. In some instances, chemotherapy patients using CAMs have been found to report higher symptom burdens than those not using CAMs during their treatment. This also supports the finding in this population and elsewhere that patients may not be aware of or fully understand the associated risks of CAM use, despite it being perceived as ‘natural’. This study suggests that whilst participants feel CAM has a role alongside conventional medicine, CAM use is not yet integrated into their care, and patients may be using it in a way that is counterproductive or harmful to them.

Similar to findings in other cancer populations at varying stages of their cancer journey, participants’ sense of hope for improved wellbeing guided CAM use during chemotherapy. Cancer patients often use CAMs with the hope of living a healthy and meaningful life with cancer and to have a better sense of controlling their health as a coping mechanism. Also consistent with research, a lesser sense of hope was associated with negative or neutral past experiences with CAMs, and positive experiences were linked to belief in effectiveness. Despite some evidence to support the use of CAMs to improve wellbeing during chemotherapy, CAMs with a stronger level of evidence were not those used among participants in this study. For example, no participants engaged in acupressure or electroacupuncture, which has been given as a Grade B recommendation for controlling chemotherapy-induced nausea and vomiting by the Society of Integrative Oncology Clinical Practice Guidelines for the use of integrative therapies during and after breast cancer. Therefore, this supports the finding that participants trust and seek experiences of populist discourse, rather than scientific research and expert opinion. The finding that evidence-based practice for CAM use is not valued as highly as that for conventional cancer treatment
may be due to patients not having adequate access to or ability to distinguish evidence-based CAM information, and is likely related to lack of CAM discussions with HPs.\textsuperscript{24-26}

External opinions influenced trust in CAM knowledge; however, participants’ past experiences with CAMs guided the level of trust of others. Consistent with findings from other oncology research, word of mouth information from others with similar experiences was the most prominent and most valued source of CAM information.\textsuperscript{37-40} This may be explained by Social Cognitive Theory,\textsuperscript{41} whereby behaviours are thought to be learnt through observing other people. By observing someone else’s behaviours or outcomes, belief may have been created in the participants that they can also complete the behaviour or experience that outcome. As HPs were often seen as under-skilled or not interested in CAM use, cancer patients may be vulnerable to misinformation or unsubstantiated claims via word of mouth knowledge.\textsuperscript{38,42,43} Furthermore, disparities in views between patients, who may highly value CAMs, and HPs who place emphasis on scientific evidence and thus often discuss the negative aspects of CAMs, can largely influence trust in HP knowledge of CAMs. The associated discomfort in hearing opinions in opposition to one’s own beliefs can lead to discouraging patients from having CAM discussions with HPs, and can diminish the perceived trust in CAM information from HPs.\textsuperscript{25,44} Therefore, findings of this study suggest that if the integration of CAMs is to occur in the cancer care setting, it could work best if driven by HPs with emphasis on effectively communicating evidence-based practice.

4.1. Limitations

Although not necessarily a limitation, it must be acknowledged that participants were recruited from a CAM efficacy study and were therefore predisposed to CAM use, and had
all received chemotherapy. Participant views, experiences, and needs may substantially differ from patients who chose not to participate in the SPICE trial, or those who chose to have no anti-cancer treatment or to use alternative medicine. More specifically, participants of this trial may have been more likely to convey positive attitudes towards CAMs and a preference for complimentary over alternative medicines. On the contrary, this approach may have resulted in greater richness in the data obtained regarding their CAM-related views, experiences and needs. Although only ten participants were interviewed, data saturation was achieved as recruitment continued in a relatively homogenous population until researchers were confident that no new information or themes emerged from sampling subsequent participants. In addition, this study has been conducted in a metropolitan area of a high-income country, meaning findings may not apply to low- to middle-income countries or rural settings.

4.2. Clinical implications and future research

Being aware of the high proportion of patients using CAMs most commonly on word of mouth recommendation rather than evidence-based practice would assist HPs in providing enhanced patient-centred support regarding safe and effective CAM use during chemotherapy. HPs would benefit from education on how to best inform patients of the potential risks, harms and lack of efficacy for CAM use during chemotherapy in a way that does not lead to patient non-disclose of CAM use. This would involve ways which HPs could engage patients in open and non-judgemental discussions about CAMs while being aware that disagreeing with patients’ decisions to use CAM without showing respect and compassion for such decisions may discourage patients from discussing CAM use.
Specifically, HPs would likely benefit from using careful communication, especially if presenting views in opposition of patient beliefs and values. In particular, research suggests that unsuccessful communication about cancer-related CAM use has been attributed to lack of HP awareness to verbal and nonverbal cues, compassion to understand and care for patients, and adaptiveness to adapt to an individual’s unique wants, needs or situation. It would also be useful for HPs to be aware that scientific evidence may not be as highly valued by patients, particularly with advanced disease, therefore raising the importance of respecting patient decisions to use CAMs during chemotherapy even if against clinical recommendations.

Chemotherapy patients and HPs would benefit from future research aiming for richer and deeper findings to better understand the perceptions and experiences of chemotherapy patients regarding CAM use. Future clinical research regarding CAM efficacy and safety during chemotherapy is warranted prior to integration into the existing biomedical model of cancer care. It would be of benefit for future studies to explore the perspectives and experiences of HPs to identify barriers and enablers in discussing and integrating CAM alongside conventional anti-cancer treatments, specifically with reference to patients undergoing chemotherapy. It would also be beneficial to investigate the insights and experiences of HPs in varied geographical locations with differing policies and levels of integration of CAMs. Subsequent research would assist in determining how CAM use during chemotherapy can be acknowledged and addressed by HPs in their already heavy caseloads.
5. Conclusion

Patients receiving chemotherapy in a large metropolitan hospital value CAMs as a natural complement to chemotherapy to improve wellbeing, with their use being most strongly influenced by past experiences rather than expert opinion. HPs would benefit from research and education on how to best inform patients of the potential risks, harms and lack of efficacy for CAM use during chemotherapy in a way that does not lead to patient non-disclosure of CAM use.

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Declaration of Competing Interest

The authors declare that they have no conflict of interest.
8. References


“It’s natural so it shouldn’t hurt me”: Chemotherapy patients’ perspectives, experiences, and sources of information of complementary and alternative medicines.

Study highlights:

• These participants receiving chemotherapy value CAMs as a natural complement to chemotherapy to improve wellbeing.

• CAM use was most strongly influenced by past experiences rather than expert advice.

• Participants’ trust in CAM knowledge and hope for improved wellbeing was influenced by a vulnerability to external opinions.

• An in-depth understanding of the needs and perspectives of patients undergoing chemotherapy regarding CAMs assists health professionals in supporting patients with safe and effective CAM use.