Nurses Encouraged to Become More Conversant with Complementary and Alternative Medicine

MONTREAL—Many patients are reluctant to talk to oncologists about their complementary and alternative medicine (CAM) use, and for good reason: they may have raised it with a physician in the past and been ignored or told it was irrelevant. To overcome this reluctance, nurses must be familiar with the various CAM modalities and comfortable with eliciting information from patients about their CAM use and advising on their pros and cons.

Several presenters from the CAM special-interest group emphasized these points at a workshop that explored complementary and alternative medicine at the Canadian Association of Nurses in Oncology/l'Association Canadienne des infermiéres en oncologie's (CANO/ACIO) 2009 Annual Conference .

"Nurses can play a key role in communication and collaboration surrounding CAM, including encouraging patients to inform all of their healthcare providers about their CAM use, and assisting patients in finding timely, accurate and evidence-based CAM information," said Lynda Balneaves, RN, PhD, associate professor and a Canadian Institute for Health Research New Investigator, University of British Columbia School of Nursing, Vancouver.

She and several others have formed a special interest group on CAM within CANO to help familiarize all oncology nurses in Canada with CAM. Ms Balneaves also is involved in a related initiative called CAMEO (see Sidebar).

Up to 80% of Canadians with cancer use CAM during their illness, noted Dr Balneaves. However, a 2007 survey of cancer patients in British Columbia showed that only 53% felt comfortable talking with healthcare providers about CAM. And other research has confirmed that patients, families, and oncology professionals struggle with making safe and informed decisions about CAM.

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Nurses can best serve patients by, first, knowing the position of their college or associations with respect to nurses' scope of practice related to CAM, explained Dr Balneaves. Furthermore, before they provide a particular intervention, nurses should determine whether providing it falls within their role at their particular institution. They should also ascertain whether there is a robust evidence base for the use of such therapy in the indication being considered.

Dr Balneaves reviewed several major CAM categories, from biological to energy therapies. Among the key points:

- Massage therapy can significantly reduce anxiety and pain, but it should be used with caution on or near the radiation treatment field, surgery sites or tumors.
- Reiki and therapeutic touch are safe,and may reduce stress and enhance quality of life, but evidence of their efficacy for symptom management is limited.
- Acupuncture is effective for reducing poorly controlled pain, nausea, and vomiting after chemotherapy or surgery and for hot flashes that are not amenable to pharmacologic treatment, but can pose an infection risk if the needles are reused without proper sterilization or are used on limbs with lymphedema.
- Patients should avoid antioxidants and other natural health products during conventional cancer treatment.

Several websites can help nurses stay up-to-date on evidence surrounding CAM (see Sidebar).

Nurses should also know enough about commonly used CAM therapies to support patients in accessing information and making informed decisions about these treatments. Dr Balneaves and other presenters at the workshop described 2 tools for this. One, the Ottawa Decision Support Framework helps clarify the facts surrounding the intervention, the patient's own needs and values, and other factors such as the intervention's cost and the opinions of people central to the patient's life.

The other instrument is SCOPED; it helps users analyze the situation ('S'), choices ('C'), objectives ('O') and people ('P') affected by the decision, make an evaluation of this information ('E') and then make a decision ('D').

Soma Persaud, RN, an oncology nurse at the York Central Hospital in Toronto, described a situation in which she and a patient employeed SCOPED. A 33-year-old woman had experienced significant progression of her Hodgkin's lymphoma after refusing chemotherapy for 5 years and instead opting for naturopathic medicine. Ms Persaud used SCOPED to help the patient come to the decision to use meditation and chemotherapy and to abandon naturopathic medicine.

Cathy Kiteley RN, MScN, an advanced practice nurse in the palliative care unit at the Credit Valley Hospital, in Mississauga, Ontario, attended the workshop and said she found it helpful.

"Now I have a good decision tool—SCOPED. And I'll bring it to members of our hospital's Supportive Care Committee who have become the point people for patients with questions about CAM," Ms Kitely told *Oncology Nursing News*. "But the other thing I got from the workshop is that if we use SCOPED only for CAM, it won't work. It needs to be integrated and formalized into patients' care plans. Otherwise it'll be like all the other assessment tools, which just sit on the shelf." ONN

—*Rosemary Frei, MSc*

RAISING THE BAR FOR CAM IN CLINICAL PRACTICE

The British Columbia–based Complementary Medicine Education and Outcomes (CAMEO) program was created in 2008. Its mandate includes determining effective strategies to support people with cancer and their family members in making evidence-informed, preference-sensitive decisions about CAM and cancer, according to a poster presentation at the CANO/ACIO 2009 Annual Conference.

The initiative is also designed to strengthen health professionals' knowledge and clinical decision-making skills related to CAM, and to facilitate, and help integrate into clinical practice, new CAM research.

CAMEO achieves these objectives by creating group education sessions for patients and health professionals, disseminating a newsletter, updating and expanding the CAMEO website, and developing a decision aid surrounding the use of natural health products.

"We are hoping to shift the culture within conventional cancer care with respect to CAM, to one of openness and a spirit of inquiry, and also to raise the bar of clinical practice surrounding CAM and to empower patients to make evidence-informed choices surrounding CAM that are right for them," said Brenda Ross, RN, BScN, of the British Columbia Cancer Agency.

The primary funding for CAMEO comes from the Lotte and John Hecht Memorial Foundation. The members of CAMEO have also received a grant from the Canadian Institute for Health Research to develop a CAM curriculum for oncology nurses in Canada, in conjunction with CANO and the Oncology Nursing Society. The team convened a meeting of nurses and CAM experts from across Canada in mid-November to lay the groundwork for the curriculum.

—*Rosemary Frei, MSc*

Useful CAM Websites

Society for Integrative Oncology
Comprehensive synthesis of CAM evidence and information for clinicians and patients
—www.integrativeonc.org

B.C. Cancer Agency
Complementary Medicine Education and Outcomes (CAMEO) Program
—www.bccancer.bc.ca/cameo (see other Sidebar)

Memorial Sloan-Kettering Cancer Center
Database of reviews of natural health products
—www.mskcc.org/mskcc/html/11570.cfm

The University of Texas M.D. Anderson Cancer Center
Evidence-based reviews of CAM therapies, plus educational videos and links
—www.mdanderson.org/departments/cimer

Natural Standard
Comprehensive databases on herbs and supplements, complementary practices, disease conditions, CAM dictionary, interactions, and brand names (note: patients can access free via the CAMEO Useful Links page)
—www.naturalstandard.com

Natural Medicines Comprehensive Database
Fee-based searchable database of natural medicines and conditions
—www.naturaldatabase.com

National Center for Complementary and Alternative Medicine
Current CAM research and clinical trials, and general health information and guidelines related to CAM
—http://nccam.nih.gov/