Unfortunately, there are people who falsely promote and provide unethical, fraudulent and potentially dangerous treatments for cancer. This fact sheet has been written to provide health professionals with tips on how to help patients avoid such practices and the people who promote them.

This fact sheet is part of several resources available to health professionals and patients about the use of complementary and alternative medicine (CAM) in cancer care. Call 13 11 20 to find out more, and ask for a copy of the booklet Complementary and Alternative Cancer Therapies or visit www.cancervic.org.au/treatments. You may also be interested in finding out about the Victorian Cancer Clinicians’ Communication Program’s ‘Effectively discussing complementary and alternative medicine with cancer patients, their families and friends’ run by Cancer Council Victoria.

Many people with cancer use some form of CAM. Australian studies have found that between 22% and 52% of cancer patients used CAM (Miller et al. 1998). People with cancer use CAM for legitimate reasons, such as maintaining hope and staying in control of their situation. Patients who choose to use CAM are not unintelligent people. They are people who want to explore all their treatment options. Users tend to be female, younger, from a higher social class and better educated than their non-CAM-using counterparts (Astin 1998; Boon et al. 2000; Downer et al. 1994; Henderson & Donatelle 2003; Miller et al. 1998).

There are certain ‘complementary’ therapies that can improve the emotional or spiritual wellbeing of people with cancer. Also, some treatments have been shown to reduce symptoms or treatment-related side effects; for example, acupuncture can reduce chemotherapy-associated nausea and vomiting. However, there are specific ‘questionable’ or ‘unproven’ therapies that if used with or as an alternative to conventional cancer treatment may be dangerous, and in certain cases fatal.

Sadly, the people who promote some of these therapies often target very sick people who are desperately looking for a cure for their cancer. They offer hope by suggesting that their specific product or ‘package of care’ can cure or control the cancer. The services on offer are often expensive and may involve travel to another state or even another country. For the patient and their families, the outcome may have a huge effect emotionally, physically and financially.
Health professionals are in a good position to help patients make safe treatment choices. Discussing all treatment options, including CAM, means you can alert patients to the risks involved in using certain unproven, unethical and possibly dangerous treatments.

**Cancer quackery**

Unethical CAM practices are sometimes labelled ‘cancer quackery’ or ‘fraudulent practices’, implying that the person promoting the therapy is deceitful. However, these terms can be misleading. Not all ‘quackery’ involves deliberate deception using a questionable product or service (Jarvis n.d.). Some people may truly believe in the product or service that they are offering, despite absence of proof it works. Their treatment may be proposed in good faith but without foundation and may be based on a completely different system of belief (Lowenthal 2001).

**Therapies on offer**

With hundreds of alternative cancer therapies being advertised through various forms of media, it is impossible to outline all the therapies in this fact sheet. Cancer Council is aware of several providers of alternative therapies in Australia and overseas and responds to callers asking about them. For a detailed outline of the types of therapies on offer call the Cancer Council Helpline 13 11 20 and ask for a copy of the booklet *Complementary and Alternative Cancer Therapies* or visit www.cancervic.org.au/treatments.

**Preventing the use of harmful and unscrupulous therapies**

Health professionals can play an important role in ensuring that their patient’s choice of CAM treatments minimises harm, and as much as possible, is in their best interests (Zollman & Vickers 1999). The potential harm arising from the use of CAM demonstrates the importance of open discussion between patients and health care providers, yet fewer than 50% of cancer patients using non-conventional treatments disclose this use to their health care provider (Crystal et al. 2003).

Using the following strategies (some of which are taken from the 2008 NBOCC & CCV report) in your plan of care may help patients make informed decisions about unethical and unscrupulous CAM practices.

- Gain an understanding of which CAM practices and practitioners may or may not have a negative effect on your patient’s health, budget and psychological state.
- Try to elicit the patient’s understanding of their situation to help establish a common ground. This gives the health professional a direction about how to address the issue of CAM use (Shaw et al. 2007).
- Try to communicate information respectfully and compassionately, taking into account that scientific evidence is not all that counts in the life of an individual facing a serious illness (ASCO 1997). This may allow people to feel more at ease discussing the use of CAM with their health care team.
Health professionals might reasonably discourage treatment by unlicensed professionals, the injection of substances not approved by regulatory bodies and any intervention that might delay or potentially impair conventional treatments with proven efficacy (Weiger et al. 2002).

Particularly discourage the use of unproven CAM if it is to be used in place of potentially beneficial treatment, especially potentially curative treatment (NBOCC & CCV 2008).

If the patient is rejecting potentially curative treatment in favour of an unproven CAM, consider giving the patient a short, signed document outlining the treatment options you have advised and that the patient has chosen the alternative therapy in preference. Consider asking them to co-sign the document. Be sure to avoid any implication of abandoning the patient (ASCO 1997). It is important they know they can come back without feeling they have failed or no longer ‘deserve’ conventional treatment.

Balance advice with an acknowledgment of the patient’s right for self-determination and autonomy (NBOCC & CCV 2008). Effective communication between doctor and patient will be the most effective protection against harmful CAM use (Zollman & Vickers 1999).

It is recommended that the health professional help identify a suitable licensed provider and discuss with the patient key questions for them to ask the CAM practitioner (Eisenberg et al. 1998).

Questions to ask patients

- How are you feeling emotionally? How are you coping with all of this?
- Are you currently doing or considering doing anything else for your cancer and the side effects you may be experiencing or for your overall health and wellbeing? For example, are you following a special diet, or taking vitamin, herbal or other dietary supplements?
- Can you tell me more about the treatment you are using or thinking about using please? What does it involve? How often do you use it? Have you used it before?
- What are you hoping to get from this treatment?
- Has it been helpful so far?
- How long would you expect it to take to see a benefit from the treatment?
Complementary and alternative medicine (CAM): communicating with patients
A fact sheet for health professionals

- Has the treatment you are using been studied? Are there any known side effects from the treatment you are using?
- I can see that you hope this treatment will help you / your cancer / the treatment side effects / your physical wellbeing. There are a number of other options we can look at too, that you could consider. Would you like to hear about some of these?
- Would you like me to have a discussion with your therapist about your treatment and progress? You may want to be present at this discussion.
- Do you know where to look for reliable information about these sorts of treatments?
- Can I provide a document to outline our discussion today?

Useful websites

The website of the Memorial Sloan-Kettering Cancer Center. See the section: ‘Information Resource, About herbs, botanicals and other products.’

www.mskcc.org/mskcc/html/11570.cfm
This is a searchable database of herbs, vitamins and plants. It has both consumer and health professional information. It lists side effects, drug interactions, clinical information and clinical trials.

http://nccam.nih.gov/
The US National Center for Complementary and Alternative Medicine (NCCAM) is an American government funded agency for scientific research into complementary and alternative therapies. It also has information about a range of treatments.

http://nccam.nih.gov/camonpubmed/
NCCAM and the National Library of Medicine (NLM) have partnered to create CAM on PubMed.

www.quackwatch.com
This is an American non-profit organisation that aims to ‘combat health-related frauds, myths, fads, fallacies, and misconduct’. There is a lot of information about complementary and alternative therapies in cancer care.

MD Anderson Cancer Center – Complementary/Integrative Medicine Education Resources (CIMER)
www.mdanderson.org/departments/CIMER/
This is intended to help patients and physicians decide how best to integrate such therapies into their care. There is an excellent section ‘Reviews of therapies’, which contains evidence-based reviews of research studies on a variety of therapies.

For more information call 13 11 20.
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Complementary and alternative medicine (CAM): communicating with patients
A fact sheet for health professionals

References
National Breast and Ovarian Cancer Centre (NBOCC) and Cancer Council Victoria (CCV) 2008. Effectively discussing complementary and alternative medicine with cancer patients, their families and friends. CCV, Melbourne, Vic.