

Complementary cancer care in Southampton: a survey of staff and patients

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SUMMARY. Background: Complementary and alternative medicine (CAM) is used by one in ten of the UK population yearly and 47% during their lifetime. One-third of cancer patients seek some form of CAM treatment during their illness. Aim: To evaluate the use of and attitudes to CAM among patients and all healthcare staff in the Southampton Cancer Care Directorate (UK). Setting: The Royal South Hants Hospital, Countess Mountbatten and Oakhaven Hospices. Method: A questionnaire-based survey performed between January 2001 and March 2001. Results: Two hundred and seventy questionnaires were distributed to patients and 162 responses received. The distribution of cancers within this population was generally typical of those in the community. Thirty-two percent ($n = 52$) were receiving some form of CAM, half of those receiving CAM were in hospice care. Forty-nine percent of those not receiving CAM would like to, and 76% of all patients would be prepared to pay for this treatment. The five most popular treatments were massage, nutrition, aromatherapy, relaxation and reflexology. While most patients expected CAM to palliate their symptoms ($n = 149$, 92%), some had unrealistic expectations that CAM would cure their cancer ($n = 13$, 8%). Four hundred and forty-eight staff questionnaires were distributed and 196 responses were received: 148 (75.5%) from nurses. Twenty-one percent of staff responding had CAM training and two-thirds would like to receive training. The most popular therapies used by staff were the same as those identified by the patients. Ninety-nine percent of staff and 98.5% of patients wished to see CAM treatments introduced into service provision within the Cancer Care Directorate. Conclusions: The use of CAM for cancer care in Southampton is widespread and consistent with its use nationally. There is a clearly expressed need for CAM treatments by patients and a willingness to pay. Two-thirds of the cancer care staff responding wished to receive training in and provide these therapies. There are some misconceptions among patients about the role of CAM in cancer care which need to be discussed and resolved. We believe that all cancer care units should have clear policies on the use of CAM for cancer patients. © 2002 Elsevier Science Ltd. All rights reserved.

INTRODUCTION

Complementary and alternative medicine (CAM) is used by a significant minority of the UK population (10% per annum and 47% lifetime use) as well as up to one-third of cancer patients, often in conjunction with their conventional cancer care.¹⁻⁷ A survey of the South Thames Region breast cancer patients noted that 32% had visited complementary therapists following their

diagnosis; one in five had used CAM in the previous 12 months. The most commonly used therapies were massage/aromatherapy (9%), chiropractic/osteopathy (6.4%), relaxation/yoga/meditation (5.7%) and spiritual/faith healing (4.6%).⁸

Many cancer units and hospices now offer some CAM provision to their patients. A recent survey showed 70% of NHS hospitals in England and Wales are using CAM in the management of cancer care,⁸ with relaxation and aromatherapy as

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the most commonly available. Both of these treatments were available in almost half of oncology departments, with massage in just over a third and reflexology in just under a fifth.⁸ This level of institutional acceptance for CAM is consistent with the Calman Hine Report (1995) and a recent Macmillan Report, which recognised the importance of patients' views in the context of the provision of complementary therapies, if only to address their psychological needs,^{9,10} a recent Royal College of Physicians survey also suggests that one of the most popular areas of CAM use within NHS hospitals is oncology and palliative care.¹¹ It seems that cancer patients view these therapies as an adjunct to their conventional care.¹⁰ This survey provides the opportunity to ascertain the use and provision of CAM in the Southampton Cancer Care Directorate among patients as well as investigating the attitudes of staff within the Directorate.

METHODS

The survey details and questionnaire were discussed extensively with the peer review committee of the Cancer Care Directorate, and ethical approval was subsequently obtained from the Southampton and South West Hants Joint Local Research Ethics Committee. Patients were entered into this questionnaire-based study if they were over the age of 18 and were receiving cancer treatment or palliative care as an inpatient or outpatient at the Royal South Hants Hospital (RSH), Countess Mountbatten House (CMH) and Oakhaven Hospice. The research nurse (JB) liaised with outpatient staff at the RSH to ascertain the approximate numbers of questionnaires required. The number of questionnaires was determined by the duration of the study and the number of patients entering the three clinical environments. In the Hospice wards, the ward sisters distributed the questionnaires to all the patients over 3 months. In the outpatient department the sister in charge distributed the questionnaires to all attendees over three months and recorded the number of questionnaires distributed. Patients were asked by outpatient staff to complete the questionnaire during their outpatient attendance, and leave it in a designated collection box. The research nurse then collected these regularly, and provided more as needed. A similar procedure was operated with the nurses in charge of Oakhaven and CMH hospices, and the three inpatient wards at the RSH. Regular telephone contact and visits by the research nurse were employed to encourage busy staff to continue distributing the questionnaires. The patient questionnaire was designed to record patient's treatment location, age, sex, type of cancer and date of diagnosis. The patient questionnaire is shown in Figure 1. Questionnaires were also given to the medical staff (doctors, nurses, radiographers and

physiotherapists) at these units and community nurses in the Southampton and New Forest areas who were dealing with cancer patients. The nurse managers in the four localities distributed questionnaires to all grades of district nurses with their payslips. Replies were then later collected from the appropriate locality managers. Staff questionnaires were distributed to all ward and outpatient staff via the ward and hospice sisters, and the outpatient sister as well as the senior outpatient radiologist. The number of questionnaires distributed was recorded. The patient and staff questionnaires were anonymous and had a clear explanation of the study in their Introduction. The staff questionnaire requested information on staff location, qualifications and training. Each staff member noted the number of their patients they thought were receiving CAM. The same therapies as in the patient's questionnaire were listed and ranked by staff in order of relative frequency of patient estimated use. Staff were asked about their existing training and qualifications in CAM, as well as the therapies in which they would like to receive training. They were also asked "If the Southampton Cancer Directorate was to further develop and integrate the complementary medical services available, would you support this initiative?" The forms were coded to allow identification of treatment location for patients and workplace for staff.

RESULTS

Patient questionnaire

There were 162 respondents from the 270 questionnaires distributed (60%). Response rate by locality varied; 49% from hospice patients, 63% from outpatients and 62% from hospital inpatients. Of the actual respondents, 79 were outpatients (48%), 27 were hospice patients (17%) and 56 were inpatients (35%). Forty-two percent were male. The average age of the patients was 59.5 years (range 8–81) with inpatients averaging 54 years (19–81). Twenty-one percent of the respondents had breast cancer and 7% colon cancer. The distribution of cancer by primary site was generally similar to that expected based on national incidence. Overall, 52 of the 162 respondents (32%) indicated that they were currently receiving some form of complementary medicine. There was a marked difference between the number of patients receiving CAM in the hospices compared with the outpatient and inpatient groups (see Table 1).

More hospice patients, 70% (19/27), were receiving aromatherapy than were the outpatients (5%, 4/79) or inpatients (14%, 8/56). Table 2 shows the therapies being given to the patients. Hospice and inpatients received CAM treatment within the context of their NHS care. Outpatient CAM treatment may have been

Location	Receiving CAM		Missing data	Total
	Yes	No		
Hospice	22 (82%)	4 (15%)	1 (4%)	27 (100%)
Outpatients	16 (20%)	58 (73%)	5 (6%)	79 (100%)
Inpatients	14 (25%)	37 (66%)	5 (9%)	56 (100%)
Total	52 (32%)	99 (61%)	11 (7%)	162 (100%)

Therapy received	Hospice	Outpatients	Inpatients	Total
Aromatherapy	19	4	8	31 (19%)
Nutrition	5	8	5	18 (11%)
Massage	8	6	2	16 (10%)
Counselling	4	2	3	9 (5.5%)
Acupuncture	3	3	—	6 (3.7%)
Reflexology	3	2	1	6 (3.7%)
Meditation	2	3	—	5 (3.1%)
Relaxation	2	1	1	4 (2.5%)
Healing	—	1	3	4 (2.5%)
Homeopathy	—	2	1	3 (1.8%)
Shiatsu	—	—	1	1 (0.6%)
Music therapy	—	1	—	1 (0.6%)

provided either within or outside the NHS; unfortunately we did not collect this information in relation to outpatient treatment.

Fifty-nine patients from our total of 162 would consider using CAM. When questioned about the types of therapies they would consider, these patients indicated that the most popular choice would be massage (46%), nutrition (36%) and aromatherapy (34%). Three-quarters of all patients who responded said that they were prepared to contribute towards the cost of CAM treatment. However, over a quarter of respondents said that the cost of therapy might limit their use of it. Other factors which might limit the use of therapies included lack of knowledge (38% of respondents), lack of availability (22%), possible conflict with conventional medical treatment (20%), that it might be ineffective (16%), concern that their doctor may be opposed (10%) and that CAM may cause harm (9%). Table 3 indi-

	Number of patients
Help you to feel better	56 (35%)
Help you to live longer	23 (14%)
Help you to tolerate other treatments better	21 (13%)
Improve specific symptoms	18 (11%)
Cure your cancer	13 (8%)
Help you in other ways	11 (7%)

cates what patients using CAM hope it will achieve.

Almost all patients who responded (98.5%) would support the initiative to further develop and integrate CAM into the Southampton Cancer Care Directorate.

Staff questionnaire

A total of 196 staff responded to the questionnaire, giving a response rate of 44% from the 448 questionnaires distributed. Details of both location and response by profession are outlined in Table 4. Eighty-four percent of the staff dealing with cancer patients in our survey were nurses and they comprised 88% of the individuals responding to our staff questionnaire. More than three-quarters of the staff had fewer than 30% of their patients receiving complementary therapies. Over 75% of staff responders indicated aromatherapy as the most commonly used complementary therapy within the Cancer Care Directorate. Twenty-one percent of the staff had training in some form of CAM; however, two-thirds of the staff would like training in these skills. When questioned about the specific types of therapies for which staff wanted training, these were primarily aromatherapy, massage, counselling, reflexology and relaxation. A similar response to that of the patients was obtained to the question regarding development and integration of complementary medicine with Southampton Cancer Care Directorate, with 99% supporting this initiative.

Table 4 Response to staff questionnaire by location and profession

	Number surveyed	Responses (%)
Nurses* (hospice)	69	30 (43.5)
Nurses* (district)	166	66 (40)
Nurses* (inpatients)	110	54 (49)
Nurses* (outpatients)	33	22 (67.0)
Radiographers	18	2 (11)
Doctors (hospice and hospital)	32	8 (25)
Miscellaneous one complementary therapist, physiotherapists and volunteers	30	14 (47)
Total	448	196 (44)

*Nurses encompasses RGNs and care assistants.

DISCUSSION

Our response rates (approximately 60% for patients and 45% for staff) are consistent with those normally expected from successful questionnaire surveys and allow us to draw some realistic conclusions about the use of and attitudes to CAM in the Southampton Cancer Care Directorate. Furthermore, our results are also consistent with those reported nationally in that 31% of patients were receiving some form of CAM, with the most popular therapies being aromatherapy and massage¹⁰. We have no information about the non-responders, so cannot infer anything about patient or staff opinion in relation to CAM within this group. Our findings also indicate that a considerably higher percentage of patients in hospices receive CAM compared with patients whose cancer is treated or managed in the hospices setting; again, this is consistent with national trends and is likely to be associated with the greater availability of CAM from volunteers in the hospices.¹⁰ The fact that many of the patients within the hospice environment were in a much poorer state of health inevitably resulted in a lower response rate to the questionnaire compared with patients from hospital settings. The vast majority of staff who responded to the staff questionnaire were nurses, and therefore our conclusions in relation to the staff responses are largely based on the "nurses' view". However, it is important to note that nurses comprise the largest single professional group caring for patients with cancer. It appears from our study that nurses, throughout the cancer care system in Southampton, represent an enthusiastic pool of healthcare professionals willing to be trained in and provide CAM therapies as an integrated part of the management of cancer, as they do in the UK as a whole.¹⁰

In addition, there was almost unanimous agreement among both patients and staff that CAM should be more widely available locally, an observation that is in line with the Calman Hine recommendations.⁹ Indeed, the majority of patients indicated that they would be prepared to con-

tribute towards the cost of such a service. Whilst it was not surprising that the types of CAM most frequently utilised by the patients correlated with those listed by the nursing staff as the most frequently available within the unit, it was interesting that among those patients not receiving CAM, the same three therapies (aromatherapy, massage and nutrition) were also the most frequently considered treatment options.¹⁰ The majority of patients hoped that complementary therapies would improve their quality of life, particularly in the area of palliative care. Nevertheless, it was worrying to find that a small number of patients hoped that complementary therapies might cure their cancer. This suggests that concepts of cure and hope among cancer patients are deserving of further exploration. It also highlights the need to ensure that the public are made fully aware of the real benefits of complementary therapies in line with the House of Lords Select Committee's recent report.¹²

These findings imply that there is an unmet patient need with considerable staff and patient support for the provision of an improved service within this area. It is also essential that the Cancer Care Directorate provides more information about the appropriate use of CAM and our survey would appear to suggest that, based on the fact that our observations are so consistent with national trends, all NHS Trusts and PCGs should develop clear and transparent policies (in conjunction with patients) on the use of CAM for cancer.

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REFERENCES

1. Van der zoue N, Van Dam FS, Aaronson NK, Hanewald GJ. Alternative treatments in cancer; extent and background of utilization. *Nederlands Tijdschrift voor Geneeskunde* 1994; 138: 300-306.

2. Grootenhuis MA, Last BF, de Graf Nijkerk JH, van der Wel M. Use of alternative treatment in paediatric oncology. *Cancer Nursing* 1998; 21: 282–288.
3. Ernst E, Cassileth BR. The prevalence of complementary/alternative medicine in cancer: a systematic review. *Cancer* 1998; 83: 777–782.
4. Cassileth BR. Alternative and complementary cancer treatments. *The Oncologist* 1996; 1: 173–179.
5. Burke C, Sikora K. Complementary and conventional cancer care: the integration of two cultures. *Clin Oncol (R Coll Radiol)* 1993; 5: 220–227.
6. Thomas KJ, Fall M, Nicholl J. Access to complementary medicine via general practice. *Br J Gen Pract* 2001; 51: 25–30.
7. Thomas KJ, Nicholl JP, Coleman P. Use and expenditure on complementary medicine in England: a population based survey. *Complement Ther Med* 2001; 9: 2–11.
8. Rees R, Feigel I, Vickers A, Zollman C, McGurk R, Smith C, Eade S. Use of complementary therapies by women with breast cancer in the South Thames Region. A short report of a research project funded by the NHS Executive South Thames. The Research Council for Complementary Medicine (Report), 1999.
9. Calman K, Hine D. A Policy Framework for Commissioning Cancer Services. Expert Advisory Groups on Cancer to the Chief Medical Officer Department of Health. London: The Stationary Office, 1995.
10. Kohn M. Complementary therapies in cancer care. Internal report available from Macmillan Cancer Relief, 2001.
11. Lewith G, Hyland M, Grey SF. Attitudes to and the use of Complementary Medicine among physicians in the UK. *Complement Ther Med* 2001; 9: 167–172.
12. House of Lords Science and Technology Committee. Complementary and Alternative Medicine. 6th Report HL 118. London: The Stationary Office, 2000.

PATIENT QUESTIONNAIRE

The information we have from other cancer units suggests that a large proportion of people with cancer use some form of complementary medicine in conjunction with their conventional treatment. We would like to find out about the use of these methods by patients in Southampton, and would be grateful if you could complete this questionnaire ONCE ONLY.

Your answers will be entirely confidential.

Please mark the relevant boxes below with a cross

Age

		Years
--	--	-------

Sex

Male Female

Type of cancer for which you are currently receiving treatment

- | | | |
|--|--|---|
| <input type="checkbox"/> Breast cancer | <input type="checkbox"/> Colon cancer | <input type="checkbox"/> Lung cancer |
| <input type="checkbox"/> Prostrate cancer | <input type="checkbox"/> Cervical cancer | <input type="checkbox"/> Ovarian cancer |
| <input type="checkbox"/> Testicular cancer | <input type="checkbox"/> Pancreatic cancer | <input type="checkbox"/> Stomach cancer |
| <input type="checkbox"/> Leukaemia | <input type="checkbox"/> Other | |

If 'other', please specify

Date of diagnosis

		/			/		
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The complementary therapies used for cancer include treatments such as acupuncture, homeopathy, reflexology, massage and aromatherapy.

Are you currently taking or receiving any of these therapies?

Yes No

Which therapies? (Please put a cross for all therapies you are receiving)

- | | | |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Homeopathy (Iscaidor) | <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Healing |
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Reflexology | <input type="checkbox"/> Shiatsu |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Meditation | <input type="checkbox"/> Relaxation |

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Music therapy | <input type="checkbox"/> Art therapy |
| <input type="checkbox"/> Nutrition(vitamin & mineral supplements) | <input type="checkbox"/> Alexander technique | <input type="checkbox"/> Other |

If 'Other', please describe.....

Who provides your complementary therapy? (Please put a cross for all that apply)

- GP
- GP practice staff
- Private professional therapist
- Private professional clinic
- Private non-professional therapist (e.g., friend, relative)
- Hospital professional therapist
- Other

If 'Other', please describe.....

If you are not currently receiving any complementary therapy, is this something you would like to consider?

- Yes No

If you answered 'Yes' to the above question, which therapies? (Please put a cross in all boxes that apply)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Homeopathy (Isador) | <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Healing |
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Reflexology | <input type="checkbox"/> Shiatsu |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Meditation | <input type="checkbox"/> Relaxation |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Music therapy | <input type="checkbox"/> Art therapy |
| <input type="checkbox"/> Nutrition(vitamin & mineral supplements) | <input type="checkbox"/> Alexander technique | <input type="checkbox"/> Other |

If 'Other', please describe.....

Would you be prepared to contribute towards payment of this treatment?

- Yes No

What might limit the use of these therapies? (Please put a cross for all that apply)

- Your lack of knowledge about them
- The fact that they may be ineffective
- Their cost
- Their lack of availability
- Their use may conflict with your conventional medical treatment
- Concern that your doctor might be opposed to them
- The fact they may harm you
- None of the above
- Other reasons than above (please explain)

If you are using, or have used, one or more forms of complementary medicine for your cancer, what do you hope this will achieve? (Please put a cross for all that apply)

- cure your cancer
- help you to feel better
- Help you to live longer
- improve specific symptom(s). If so, what.....
- help you to tolerate other treatments better (eg chemotherapy, radiotherapy etc)

help you in other ways? If so, how?.....

.....

If the Southampton Cancer Directorate (as part of the Southampton University Hospitals NHS Trust) was to further develop and integrate the complementary medicine services available:

Do you agree with this idea?

Yes No

Thank you for completing the questionnaire

Please return it to the collection box in your ward or treatment area