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## Practical considerations and challenges in establishing a de novo integrative holistic cancer care service in a national cancer center

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### Abstract

In a national cancer institute, cancer patients with co-morbid physical or mental disorder need holistic cancer care service. Integrative holistic care service will help in the diagnosis and management of cancer survivors who undergo different therapies.

This article is aimed to report the practical considerations and challenges associated with establishing a de novo integrative holistic cancer care service in a national cancer center in Gulf region, as long as discussing the rationale, clinical and educational benefits and the resources required for such establishment.

**Keywords:** Integrative medicine, integrative oncology, supportive care, complementary therapy, holistic care

### Introduction

Institutes providing health care worldwide have been recognizing shortcomings when it comes to adequate results with standardized health care support for certain chronic diseases, such as cancer, among others. Meanwhile, the world has also been having a shift of mind when it comes to integrated approaches to treatment, that is they are mindful about the array of possible treatments that support standardized medical care. In certain countries, those who do not find satisfactory health results using the typical medical methods often turn to Complementary and alternative medicine (CAM) [Integrative medicine].

### Complementary and alternative medicine (CAM)

Complementary medicine, alternative medicine and integrative medicine are interchangeable terms that, among others, refer to any therapeutic health care practice that is not a standardized medical practice. It includes a variety of practices such as: homeopathy, aromatherapy, dietary supplements, megadose vitamins, herbal medicine, special teas, massage therapy, magnet therapy, ancient healing techniques, spiritual healing, energy healing, physical health practices such as yoga along with psychological health support. Such therapeutic practices are meant to be supportive treatment associating standardized medical therapy and not replacing it.

### Categories of Complementary and Alternative Medicine (CAM)

These are the main CAM categories:

- Mind-body medicine.
- Alternative medical systems.
- Lifestyle and disease prevention.
- Biologically-based therapies.
- Manipulative and body-based systems.
- Energy therapies like biofield, and bio-electro magnetics.

There is a rapid development in Cancer Care worldwide. Cancer management approaches are becoming increasingly personalized with a net result of having more cancer people with longer life expectancies. People with cancer and their care giver are in great need for supporting care that has impacts on all services, both specialist and generalist.

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This is not only in a particular disease stage, but it is needed all through patients' journey starting from the diagnosis, at the beginning, during and at the end of treatment, at relapse and during palliative care.

About 30% of patients, at the time of cancer diagnosis, could develop psychological issues or other mental health conditions. Therefore, there is great emphasis on providing an outstanding, supportive, personalized and holistic care for cancer patients.

There are different strategies can be developed in regards to cancer care from diagnosis, throughout the cancer journey and the survivorship phase [1-3].

It is worth mentioning that the American Medical Association (AMA) and further medical associations have finally formally recognized hypnosis as a viable medical treatment, in fact, hypnosis is being tried in oncology patient's population to provide different services including pain management. As a result, cancer specified health care and treatment is shifting from being a disease and medication-focused approach to a patient-centered approach resulting in an increased need to address the concern of lack of studies about such less conventional health care methods [1-3].

### **Guidelines for Assessment of Holistic Needs of Adult Cancer Patients**

A study in Australia showed that cancer care is shifting from only disease focused and patient being labeled as 'diseased' to an all-inclusive approach, where special attention is paid to psychosocial aspects of patients mentality, quality of life, patients' enablement and empowerment [4].

### **A Holistic Model of Care to Support Those Living with and beyond Cancer**

The National Institute of Health (NIH) USA addresses the issues related to complementary and alternative medicine (CAM) through the work of a specialized institute. Due to the search and seek of a less costly and more affordable health care, many countries are now displaying great interest in CAM. Using herbal medicine was legally prohibited by the regulatory agencies in the USA, UK, and EU countries, due to safety issues and because there is no clinical evidence or research supports its use.

Clinical trials and research on CAM are in fact still lacking due to scarcity of sufficient funding.

### **Holistic care has five recommended assessment aspects**

Physical, Social, Occupational, Psychological and Spiritual wellbeing.

An assessment of these domains for cancer patients is recommended by Cheshire & Merseyside Strategic Clinical Network.

Therefore, 'Integrative Medicine' or 'Integrative Oncology (IO)' services or wellness, complementary medicine and exercise programs are the focus of national and international holistic cancer care centers [2, 3]. There are different approaches, worldwide, in integrating the holistic care therapies into an established cancer care practice. In an Australian study, around 65% of cancer patients was found to use at least one form of complementary medicine (CM) and over half was found to use complementary medicine in conjunction with conventional therapy [4, 5]. On the other hand, there is an integrative oncology program in most of

holistic cancer care centers in the USA [3]. Many challenges are faced while establishing an integrative oncology service [6] they include concerns over disrupting chemotherapy, other cancer treatments [7], and those related to safety and efficacy of therapies offered. However, there has been significant relieve of cancer symptoms with complementary medicine (CM) approach compared with the usual conventional treatments [8-10]. Patients may find the following as supportive reasons to use CM: it's impact on improving wellbeing; managing treatment side effects and symptoms of cancer; enhancing quality of life and holistic health; supporting mental health; and promoting a sense of control and self-efficacy [11-13].

In a questionnaire-based research, a survey of 367 Australian women with breast cancer about using complementary therapies, showed that 87.5% confirmed the use of complementary therapies. Many of which have used more than one form or have used integrative forms of supportive therapies. The most commonly used forms were vitamin supplements by 54.2%, support groups by 49.8%, massage 41.4% and meditation 38.7%. The most common reason, that was admitted by participants for use those therapies, is wellbeing improvement whether physical (86.3%) or emotional (83.2%), the second is boosting the immune system (68.8%). This research shows high percentages and diverse usage of methods, for a variety of reasons by different patients; therefore, more reliable and evidence-based information about complementary therapies are highly needed.

Now several countries, including some in the Arab world, are implementing holistic care service in their general hospitals and in the attached cancer centers specifically [16, 17], as it was found that holistic care services shorten the length of hospital stay and facilitates a more coordinated approach when dealing with complex cases [15].

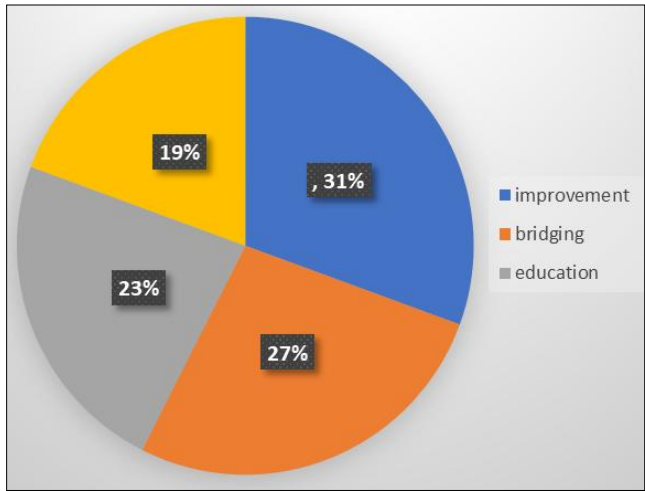
In Oman specifically and the Gulf region generally, there are no comprehensive statistics that measure the holistic care service activity and resources in general hospitals for oncology patients. Focusing resources, within and between different Gulf countries, is highly recommended to develop holistic care scientific exchange.

Therefore, the main objective of this article is to report the practical considerations and challenges associated with establishing a de novo integrative holistic cancer care service in a national cancer center in Gulf, as long as discussing the rationale, clinical and educational benefits. The article will address also the experiences of different Gulf countries in establishing a holistic care service. There will be much data arise during the setup of an integrative oncology service, these data can be shared to help and guide others.

### **Rationale**

Cancer patients have high prevalence of comorbid mental and physical health disorders, many of these patients are undiagnosed and, therefore, not treated [18]. Cancer patients who have comorbid mental and physical health disorders, and didn't receive effective treatment, this may have negative impacts on their response to medical treatment and quality of life, utilization of services and length of hospital stays will be affected with increase of the cost of health care [19, 20]. The impacts of comorbid mental and physical health in cancer patients will be properly controlled with cost reduction if the diagnosis and management of these

conditions are improved [18, 21]. Considering these epidemiological data, there is a need for directed and specialized integrative and holistic care services [18]. Nowadays, there is an emphasis on the importance of multidisciplinary approach among health professionals in treating patients who have complex comorbidities [18, 22]. This includes combined medical and mental health consultations and follow up care that will provide the patients an integrated and holistic care. And here comes the vital role for different holistic care specialties that help to fill the gap between the physical and mental health needs of patients and consequently reducing mental health stigma [20]. Therefore, more accuracy is reached, through applying the inpatient and outpatient integrative and holistic care service, during the assessment of mental health and physical comorbidities, this applied service will educate clinicians more about the impact of different cancer symptoms on psychological and physical health and how to manage them [16, 20].



**Fig 1:** Rationale of establishing a de novo integrative holistic cancer service

1. The impacts of comorbid mental and physical health in cancer patients will be properly controlled with cost reduction if the diagnosis and management of these conditions are improved.
2. Address unmet mental health needs of patients and reduce mental health stigma.
3. Educating clinicians about the impact of cancer symptoms on psychological and physical health and how to manage them.
4. Research stressed integrating complementary medicine in holistic care approach improves physical and emotional wellbeing and boosting the immune system.

**Clinical Benefits**

There has not been strong evidence of improved survival as an impact of integrative and holistic care [28]. Yet recently, an association, between integrative and holistic care approach and greater improvement in breast cancer survival, has been proved in a Scottish study, over and above improvement expected to occur in the absence of integrative and holistic care service [29]. Proper information sharing and communication between health-care team members, particularly between hospital-based specialists and primary care providers, can be ensured by multidisciplinary team meetings which enhance referral and continuing care pathways [31].

**Educational Benefits**

Today we have no recent and adequate information about using proper integrative approach in comprehensive cancer centers. More information, about current use, needs and new adaptations, need to be available for clinicians, program planners, and patient educators who should be aware of and be able to respond to the growing interest among patients, particularly in the comprehensive cancer centers. Discussing the individual cases at the integrative and holistic care service meetings will provide a great opportunity for the training of physicians and nurses [30].

**Table 2:** Clinical and educational benefits of establishing a de novo Integrative Holistic Cancer Care Service

Clinical Benefits	Educational Benefits
Improved survival	education about response to the growing interest among patients, particularly in the comprehensive cancer centers
Communication and information sharing between team members	
Continuity of Care	

**Different Gulf countries experiences in establishing an integrative and holistic cancer care service**

In 1996, the Sultanate of Oman's first oncology service was established at Royal Hospital. Around 80% of the nurses are oncology and radiation certified. Nurses and physicians have trusting and excellent working relationships, resulting in well-functioning teams. Every three months, the ward's staff gathers to make collaborative decisions. Official job description of cancer nursing is needed, which is not approved yet, in order to improve integrative and holistic care practice. Furthermore, improvement of the communication skills of the staff is needed with more efforts to involve the patients and their families in decision-making, which will build more trust between the caregivers and their patients and families. The cancer care service as a whole emphasizes on shared, out of the ordinary social events, that are seen as a gesture of appreciation and acknowledgment for all employees [33].

Highly advanced oncology systems, including palliative care treatments, have been built in the UAE. Yet, like in other Middle Eastern nations, a paternalistic attitude still prevails among physicians, posing an obstacle to nursing's advancement in holistic care in general and specialist nursing in particular. In respect of caring for a society with multiple ethnic groups, the UAE health system is in a unique predicament. Nurses can't advocate as much as they should in a culture with so many languages and cultural obstacles, physicians make practically all of the choices, and patients get confused through such process. Palliative care is one of the dynamic fields in the UAE that still requires the development of a professional infrastructure to execute such a critical service. Essentially, these specialists will work in a holistic care setting, dealing with cultural and religious difficulties among other things [33]. The King Abdul Aziz Medical City in Jeddah has a palliative care team, yet there are no appointed units for

palliative care, and the team works as nursing teams in units of male and female oncology, pediatric oncology, and hematology Bone Marrow Transplantation. Physician of the palliative care team begins by doing a full evaluation of the patients and their families as part of a holistic approach. The nurses make suggestions for medication changes or continuation. As a result, nurses who specialize in palliative care are known as palliative nurse specialists. This does not apply to Jeddah's Medical City's non-oncological units. Working for a long time together, physicians and nurses have developed mutual respect and confidence that make consultants in palliative care team trust the assessments and suggestions done by the nurses. As nurses advise prescription modifications or discontinuation some physicians become uneasy; but, after working together, all initial concerns fade away [33].

### **Challenges in Establishing an integrative and holistic care services in a national cancer center**

Factors, that determine the efficiency of an integrative holistic care service sizing, are many, they include the beds' number, nature of illnesses, availability of well-trained staff on-site and financial restrictions. While there is an agreement upon the importance of holistic care service implementation for ensuring the adequate diagnosis and treatment of cancer patients, there are number of challenges that are faced during provision of such integrative and holistic care services [23, 24].

Whilst attitudes of clinical staffs to integrative and holistic care service for cancer patients have not been deeply assessed, it is likely they will pass through stages starting from unawareness about holistic care to doubt to passive acceptance to end with full perception of the value, like those in other studies [23, 24].

Many studies have shown common desire expression by healthcare professionals to know more and to be educated about an integrative and holistic care service [25]. Although some barriers are there as; decreased the awareness about integrative holistic care in the hospital, this will result in a lack of knowledge of services best provision according to the patient diagnosis and symptoms, poor understanding of value of holistic care service, being hesitated to refer particularly for service therapy, vague referral process by clinicians and separation of holistic care service from clinical care or supportive care processes.

Furthermore, developing countries, including Gulf countries, face numerous challenges during their battle with the epidemic of noncommunicable diseases, including mental health disorders, such as inadequate training of medical and paramedical staff, inadequate funding for clinical practice and research, poor coordination with complementary and alternative medicine professionals, and insufficient impactful communication with policymakers [25].

Additionally, the following challenges to cancer care collaboration were highlighted by Walsh *et al.* [32] in a recent qualitative survey: recognizing health professional roles and duties, and insufficient communication between specialists and primary care. Nurses have reported being marginalized and having their contributions of patient-centered knowledge overlooked due to hierarchical barriers and unequal participation in decision-making.

In order to address these challenges, the evidence of holistic care service benefits in shortening hospital stay and

improving quality of patient care, should be highlighted. These benefits should be used to convince the hospital administrators and decision-makers in creating holistic care service. Furthermore, holistic care service practitioners should share information about different health needs in order to obtain a more comprehensive national and international view that can be used to persuade all interested parties in regards to the acceptable and comparable value for an integrative and holistic care services [27]. Additionally, journal club, presentations and other scientific opportunities should be used to improve the holistic care literacy among medical staffs [1].

It was previously mentioned that incompetent seeking and evaluating CAM-related data and a lack of funding dedicated to CAM leads to the fact that not all health professionals, especially physicians, may not confident in the correct use of such integrated health care methods. Given their differing perspectives on complementary and alternative medicine, some health professionals may have different point of view regarding the concept of integrative health practices. Practice standards of CAM practitioners are deficient as well as the related regulation and standardization of the safety and efficacy of CAM products, all contribute to CAM-related issues. As a result, more scientific studies on the safety and efficacy of complementary and alternative medicine (CAM) are being funded, this will lead to the development of a review about the current situation, clinical guidelines, and will help in giving recommendations to guide the proper use of CAM in this setting.

Even though CAM is being more and more used by patients, and physicians are aware of ongoing changes yet only a few oncologists discuss these therapies with patients. Instead, the established medical community is demanding regulation and evaluation of CAM. Some groups insist that CAM, in fat, poses serious health risks and may lead patients to decline the conventional medical treatments which could be substantially dangerous for survival.

### **Discussion and Conclusion**

While there are different challenges facing the establishment of a de novo integrative and holistic cancer care service in a national cancer center, there will be also great benefits result from integrating holistic cancer care services in the Gulf region. These services will facilitate prompt diagnosis and management of complex cases. Other benefits of the integrative and holistic care service are: establishing a professional communication with medical, surgical and nursing colleagues, reducing the stigma of mental health, deepening the understanding of the psychogenic disorders as well as the psychological reactions to physical illness, reducing the waste of investigations and providing more comprehensive cancer-patient care. In addition, holistic cancer care services could make the early detection of mental and physical health problems in cancer patients easier, they also could provide the medical and surgical staff with support while caring for targeted patients.

However, we are looking forward that Sultan Qaboos Comprehensive Cancer Care and Research Centre (SQCCRC) in Oman is going to deliver a comprehensive health care delivery system for oncology patients with solid tumors with proper integrative and holistic care services. SQCCRC occupies the central role in providing specialized integrative medical, psychosocial,



physical/rehabilitation, complementary medicine and surgical services for adult population through its different specialized units/departments. SQCCRC is expected to serve 80% of cancer patients in Oman in the coming three years.

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