ABSTRACT

Background
Several studies have shown that a small but significant percentage of cancer patients decline one or more conventional cancer treatments and use complementary and alternative medicine (CAM) instead.

Objectives
Here, drawing on the literature and on our own ongoing research, we describe why cancer patients decide to decline conventional cancer treatments, who those patients are, and the response by physicians to patients who make such decisions.

Results
Poor doctor–patient communication, the emotional impact of the cancer diagnosis, perceived severity of conventional treatment side effects, a high need for decision-making control, and strong beliefs in holistic healing appear to affect the decision by patients to decline some or all conventional cancer treatments. Many patients indicate that they value ongoing follow-up care from their oncologists provided that the oncologists respect their beliefs. Patients declining conventional treatments have a strong sense of internal control and prefer to make the final treatment decisions after considering the opinions of their doctors. Few studies have looked at the response by physicians to patients making such a decision. Where research has been done, it found that a tendency by doctors to dichotomize patient decisions as rational or irrational may interfere with the ability of the doctors to respond with sensitivity and understanding.

Conclusions
Declining conventional treatment is not necessarily an indicator of distrust of the medical system, but rather a reflection of many personal factors. Accepting and respecting such decisions may be instrumental in “keeping the doors open.”

KEY WORDS: Characteristics of cancer patients, conventional cancer treatment, complementary and alternative medicine, CAM, physician responses, control

Strengths
- This study provides a good review of the use of complementary and alternative medicine (CAM) in cancer patients.
- It offers an enhanced understanding of differing opinions about the use of CAM and why patients may decline conventional treatments, based on patient and physician perspectives.
- The authors used a mixed method (quantitative and qualitative) design for two studies – one involving 29 prostate cancer patients and the second involving 32 breast cancer patients (still in progress) – which strengthens the findings.

Weaknesses
- There is limited detailed description of the methods used by the authors, including how participants were recruited and trustworthiness issues.
- The primary focus is on cancer patients. The findings may not be relevant for other non-cancer palliative patients.

Relevance to Palliative Care
- It can be difficult for health care providers to understand why patients may decline conventional treatments in favor of CAM. The frequency of use of CAM is increasing, amongst cancer and palliative patients. This study provides some hopeful insights regarding different motivations for patients seeking these types of treatments at end of life, as well as earlier in the cancer trajectory.