



Guest Editorial

Thriving after cancer: The role of integrative medicine (IM) in cancer survivorship and wellbeing programs



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Advancements in early detection, diagnosis and treatment of cancer has meant that survival rates for the majority of cancers have increased significantly in the last 30 years [1]. The increased likelihood that individuals with cancer will live long lives after treatment has seen ‘cancer survivorship’ become a popular concept amongst organisations, hospitals and researchers within the field of oncology. There are three distinct well-recognised phases of cancer survivorship: *time of diagnosis to active treatment*; *the transition from active treatment to extended survival*; and *long-term survival* [2].

Key features of Institute of Medicine recommendations for cancer survivorship programs are that the survivorship care plan be developed by the principal oncology treatment provider and that external stakeholders (funders, professional associations and advocacy organisations) be involved in the development of programs [3]. Whilst these recommendations are laudable in their intentions, the core principles of patient-centred care [4] are not given obvious consideration. As such, significant gaps between what is needed and what is currently delivered exist [3].

Research in the area of cancer survivorship indicates that individuals who have recovered from cancer have a range of needs including physical, social, and psychological for which they require support [5,6]. Physical needs of these patients include not only recovering from the effects of cancer treatment but also addressing individual personal risk factors for cancer recurrence [2,7]. However, the issue of cancer recurrence also needs to be addressed carefully, as fear of recurrence is one of the greatest concerns for cancer survivors and the most frequently unmet need [8].

Alongside these needs, there is a clear opportunity to assist cancer survivors in making positive changes in their life for long term health, but these changes must be made with the survivor’s individual strengths in mind [9]. This more holistic approach has led to the development of new programs which focus on wellness and healthy life choices, empower patients to participate in the management of their care and overall wellbeing, ensure they have access to high-quality post-treatment follow-up

care services – as well as improving the knowledge of health providers regarding the needs and requirements of cancer survivors [10].

1. The potential for universal inclusion of integrative medicine in cancer wellbeing programs: balancing fear and hope

Integrative medicine (IM) is an approach to medicine which identifies the importance of the therapeutic relationship, focuses on the whole person and lifestyle, emphasises healing and is willing to embrace all appropriate therapeutic approaches from conventional and complementary medicine [4]. As such, IM practitioners are well positioned to play a central role in assisting people who have been diagnosed with cancer to achieve the most out of their life, particularly given IM values patient-centred holistic psychosocial support within health care [4]. However, the unique psychosocial issues associated with cancer survivorship must also be recognised and it is essential that practitioners must be cognisant of these before employing the IM model within cancer survivorship programs.

Beyond clinical knowledge of the safety and effectiveness of complementary and conventional medicines relevant to cancer survivorship, IM practitioners must also be able to assist patients in finding the balance between fear and hope. The continuing stigma associated with cancer often results in a ‘fear’ response to a cancer diagnosis. This response comes not only from the individuals diagnosed with cancer but also from those close to them, including their health professionals. Cancer survivors may also experience fear of the impact of their lifestyle, environment or diet on their recovery or likelihood of recurrence [11]. For this reason, it is important that practitioners are capable of providing appropriate support to these individuals and avoid exacerbating a state of fear for the patient. It is important that practitioner–patient communication regarding these areas of a patient’s life are framed optimistically and emphasise the value of positive change to improve health rather than fostering fear and thereby undermining the individual’s quality of life.

IM practitioners providing care to cancer survivors should emphasise ‘hope’ and ‘enjoyment of life’ to their patients. The concept of hope as described by cancer survivors is, however, complex. Many cancer survivors have been known to develop post-cancer distress due to *death salience*, whereby they have a vivid and proximal knowledge that death is inevitable [12]. For this reason, life purpose and fulfilment often become paramount amongst

cancer survivors [12]. IM practitioners committed to holistic care would benefit from awareness of this shift for cancer survivors and provide appropriate support. It is also important that cancer survivors may be inclined to overemphasise the benefit of certain diet and lifestyle choices in attenuating cancer risk. The delicate balance for IM practitioner providing care to these patients is to encourage healthy, positive choices without instilling false hope [13]. Whilst this is the case for all practitioners providing care to cancer survivors, it is of particular importance IM practitioners given the need for clear and realistic communication regarding the effectiveness of complementary medicines in cancer management.

Responding to the individual needs of patients in a holistic and patient-centred manner is extremely important in cancer survivorship. IM practitioners must focus on the needs of the individuals, with full consideration of the patient's stage of cancer and current symptoms, and then explore and promote the elements in the patient's life which bring joy. IM currently offers an under-utilised opportunity to assist people to thrive after cancer. Medically, 'survivorship care' is considered one of the most challenging problems oncologists face today and in the near future. Integration of conventional and CM treatments to achieve the best treatment and management of the patient is the cornerstone of the future for thriving after cancer and have the potential to fill the current gaps and offer real value to cancer survivorship services. But only if implemented appropriately.

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