

Communication between general practitioners/pediatric doctors and families concerned by children with cancer - results from a retrospective study

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Objective

Aim was to investigate retrospectively the use of Complementary and Alternative Medicine (CAM) in the treatment of pediatric oncology patients for the first time in Switzerland. Proportion of CAM use in general and its specific methods, respectively, as well as communication regarding CAM between medical staff (especially family doctors) and patients/parents were explored.

Methods

All patients treated between 2002 and 2011 at the Department of Hematology-Oncology of the Pediatric University Hospital of Bern, Switzerland, were retrospectively surveyed about their CAM-use during and after the conventional cancer treatment. Of the 257 patients/families contacted, 143 (55.6%) returned the questionnaire, and data of 131 (50.9%) patients could be analyzed. 61 of the children were girls (46.6%), mean age at diagnosis was 6.7 years (ranging from 0 – 17 years), 122 (93.1%) had completed treatment at the time of the survey, and 16 (12.2%) had deceased.

Results

66 (50.4%) patients/parents indicated to have used CAM methods in conjunction with cancer treatment. 28 children (21.4% of the total sample) had applied one or two different methods and 38 (29%) had applied more than two CAM methods. The most commonly used CAM methods were classical homeopathy (56.1% of children using CAM), dietary supplements (30.3%), over-the-counter homeopathy (28.8%), and prayer/religion (28.8%). In conjunction with cancer treatment, 33 (25.2%) of all responding patients/families were informed by the medical staff about CAM and 69 (52.7%) would have desired such information. Other than friends (43.9%) and family-members (31.8%), family doctors (24.2%) served as an important information source on CAM for patients and families. Of the 66 CAM-users, 34 (51.5%) had told their family doctors, and 50 (77%) their pediatric oncologists that they were using CAM. Compared to pediatric oncologists (30%), more family doctors (58.5%) supported the concerned families in their decision to use CAM.

Conclusion

One half of pediatric oncology patients use various CAM methods. Patients/families were only selectively informed by the medical staff about CAM as an additional treatment. In this context, family doctors may play an important role in communicating CAM options during treatment of children with cancer. To advise such families, GPs/pediatricians should gain more information about this topic, e.g. with workshops at family doctors conferences.