

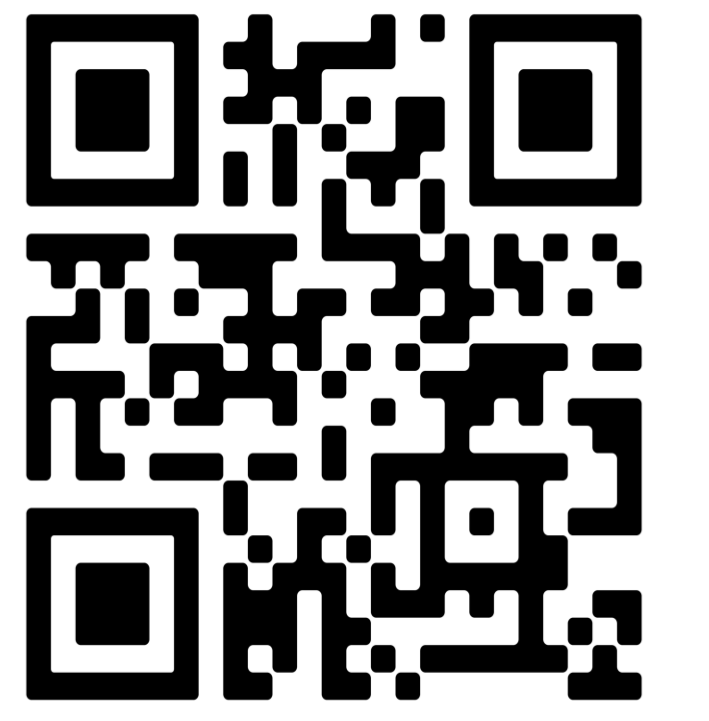


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Lifehouse

Knowledge and attitudes toward complementary and integrative medicine (CIM) and medicinal cannabis (MC): a survey of healthcare professionals working in a cancer hospital in Australia

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Introduction

Over half of Australians with cancer use complementary and integrative medicine (CIM), including medicinal cannabis (MC) and traditional indigenous used by indigenous Australians. People with cancer want to be informed by their cancer care team about CIM;

addressing these needs increases satisfaction, confidence and trust, and engagement in their cancer treatment and is culturally responsive.

Healthcare professionals' (HCPs) beliefs or biases play an important role in patients' decisions to share their CIM usage.

HCPs can be credible sources to provide accurate and trusted information for patients who express an interest in seeking information about CIM. Most nurses and oncologists indicate they have insufficient knowledge about CIM (1, 2, 5). Few studies have investigated the attitudes and knowledge of CIM and MC among HCPs in oncology in Australia.

Aim of this study: describe oncology healthcare professionals' knowledge and attitude to CIM and MC.

Materials and methods

Design: descriptive, cross sectional survey, convenience sample

Participants: all healthcare professional staff at Chris O'Brien Lifehouse Hospital, Sydney, Australia, May-July 2022. Ethics approval from the Sydney Local Area Health District Ethics Committee (HREA AU/1/6BE837).

Survey design: Questionnaire developed through a review of the literature, piloted and refined prior to administration. Survey completed on Qualtrics using an anonymous link or by QR code from a flyer placed in staff areas in the hospital.

Data analysis: Answers to questions were recorded in Qualtrics, analysed in R Studio. Answers based on modified Likert scales were collapsed into dichotomous categories of agree and disagree and percentages calculated.

Results

116 healthcare professionals participated in the survey.

Respondents were:

- 76 % female, aged 31-50 yrs (48%)
- worked in inpatient wards (29%), day therapy (15%), outpatient clinics (15%) and radiation oncology (14%).
- worked at the hospital >12 months (75%).
- 85 of our 116 respondents used complementary therapies themselves.

95% of the 116 HCPs supported integrating CIM into cancer care.

Table 1: Characteristics of Respondents (n=116)

Characteristic	n (%)
Age	
<31	29 (33%)
31-50	43 (48%)
>51	17 (19%)
Prefer not to say	27
Gender	
Female	68 (76%)
Male	22 (24%)
Prefer not to say	26
Occupation	
Nurse	53 (46%)
Allied health professional	20 (17%)
Oncologist	16 (14%)
Pharmacist	11 (9.5%)
Other	9 (7.8%)
Supportive care	4 (3.4%)
Surgeon	3 (2.6%)
Length of time at hospital	
More than 12 months	70 (75%)
Less than 12 months	23 (25%)
Unknown	23



Table 2 Knowledge and attitudes to complementary therapies in cancer care*

Statement	Total agree n (%)	Allied Health n (%)	Nurse n (%)	Oncologist n (%)	Pharmacist n (%)
I am supportive of the integration of complementary therapies into a cancer setting	110 (94.8)	20 (100)	52 (98)	15 (94)	10 (91)
I am confident discussing complementary therapies with patients	61 (52.6)	12 (60)	31 (58)	5 (31)	5 (45)
Many complementary therapies (for example massage, yoga, acupuncture and mindfulness) have beneficial effects on psychological symptoms such as depression and anxiety and stress management	113 (97.4)	20 (100)	52 (98)	16 (100)	11 (100)
I feel I have sufficient knowledge about mind and body practices such as yoga, mindfulness, and therapies such as massage, reflexology and acupuncture to advise patients on benefits and contraindications	42 (36.2)	10 (50)	17 (32)	3 (19)	3 (27)
I feel I have sufficient knowledge about herbs and supplements to advise patients on benefits and contraindications	24 (20.7)	5 (25)	7 (13)	3 (19)	6 (55)
I believe complementary therapies can be beneficial to patients with cancer	102 (87.9)	20 (100)	48 (91)	14 (88)	8 (73)
I want to learn more about complementary therapies in cancer care	104 (89.7)	20 (100)	51 (96)	13 (81)	10 (91)

Table 3 Knowledge and attitudes to Medicinal Cannabis

	n = 274 ¹ Yes: n (%)
In your opinion or according to your experience, which of these cancer patients populations can benefit from medicinal cannabis	
Patients with advanced disease receiving supportive care alone/end-of-life care	59 (23%)
Patients receiving active disease-modifying treatment for advanced/metastatic cancer with refractory symptoms	57 (23%)
Cancer survivors with persisting refractory (difficult to manage) symptoms	51 (20%)
Early-stage patients with treatment-related refractory side effects or symptoms	45 (18%)
Any patient with a cancer diagnosis (independent of symptom burden)	26 (10%)
I don't know/cannot answer	15 (5.9%)
Do you think medicinal cannabis may be helpful for managing the following cancer-related symptoms?	
Cancer related nausea	80 (84.2%)
Chemo-related nausea/vomiting	79 (83.2%)
Other, please specify	75 (78.9%)
Poor appetite	74 (77.9%)
Sleep disturbances	70 (73.7%)
Anxiety	64 (67.4%)
Depression	52 (54.7%)
General coping	53 (55.8%)

Knowledge and attitudes to CIM

- 97.4% agreed that CIM therapies to have benefit for depression, anxiety and stress management
- 48% were undecided or not confident discussing CIM with patients.
- 79% HCPs did not have sufficient knowledge to discuss herbs and supplements but wanted to learn more (89.7%).

Practice

- Respondents recommended that patients seek advice from the integrative oncology medical specialist (n=83), dietitian (n=42), the pharmacy (n=30), & the oncologist (n=50). But noted that this varied according to the type of CIM.
- A total of 85 HCPs used CIM and lifestyle therapies to support their own health, with 51 using massage/reflexology, nutrition (50), exercise (74) and dietary supplements (38). Personal use did not predict recommendation
- When asked **if a pharmacy service to evaluate potential interaction between herbs and/or supplements with cancer treatments would make them more inclined to recommend or allow use, 91 responded yes.**

Communicating about CIM

Majority of respondents did not advise strongly against any CIM. Analysis of free text comments indicated the use of herbs and supplements predominantly featured caution: "I would suggest that people on treatment have a consultation on the safe use of herbs and supplements to ensure there is no interactions"

"Supplements that I am unsure of I always caution against...however support their own choice in the period after medical treatment has completed"

"With each individual patient you have to assess their condition and other medications. Some herbs may be contraindicated in their care at certain times"

Medicinal Cannabis in Cancer Care

Attitudes towards medicinal cannabis (MC) use in cancer care was most strongly influenced by the experiences of patients and the increase in medical literature.

- 83% agreed that MC was somewhat helpful or helpful for managing CINV and cancer related nausea,
- 77.9% agreed that it was helpful /somewhat helpful for managing cancer related appetite
- 73.7% similarly for sleep disturbance.

Discussion and Conclusion

Assessing CIM and MC knowledge and attitudes of HCPs in oncology is important for developing appropriate educational programs that will help support patients. Support for CIM in cancer, issues around use related to safety and lack of knowledge were the most prominent.

Implications: Oncology HCPs may benefit from clear referral pathways and education, along with a pharmacy service, to enable them to provide CIM and MC information about safety and effectiveness to patients.

Limitations: This study had several limitations. We used convenience sampling from a single institution, impacting on external validity. Participation in the survey was voluntary. However, the sample may not have been representative of the hospital population resulting in selection bias

