

Hospital policies on complementary medicine: a cross-sectional survey of Australian cancer services

Jennifer Hunter¹, Suzanne Grant¹, Geoff P Delaney^{2,3}, Caroline A Smith^{1,4}, Kate Templeman¹, Jane Ussher⁵

It has been reported that about 60% of patients commencing chemotherapy in Australia with curative intent and 47% of those receiving radiotherapy also use complementary medicine.^{1,2} Ingestible products are frequently used, but are often not discussed with the medical team, which increases the risk of interactions and other undesirable effects. Opportunity costs are another problem; while complementary medicine is typically

used by people with cancer for supportive care and wellbeing, some use it to help treat cancer.²

Given the frequent use of complementary medicine by people with cancer, we surveyed Australian public and private hospitals with dedicated cancer services (1 May – 15 December 2016),^{3,4} to assess various aspects of cancer service coverage,

Hospital policies regarding complementary medicine products and visiting practitioners, based on survey responses from 262 hospitals with cancer services

Policy type	Number	Complementary medicine (CM) cancer services available		Hospitals without v with CM service: adjusted odds ratio* (95% CI)
		Yes	No	
Total number of hospitals	262	66 (25%)	196 (75%)	
Documenting CM product use				
Hospital policy	229 (87%)	60 (91%)	169 (86%)	—
No policy	24 (9%)	1 (2%)	23 (12%)	10.4 (1.3–81)
Unknown	9 (3%)	5 (8%)	4 (2%)	0.29 (0.07–12)
Documenting patient-initiated CM products				
Hospital policy	43 (16%)	15 (23%)	28 (14%)	—
No policy	133 (51%)	30 (45%)	103 (53%)	1.8 (0.84–4.0)
Case-by-case	43 (16%)	9 (14%)	34 (17%)	1.2 (0.48–3.3)
Unknown	43 (16%)	12 (18%)	31 (16%)	1.8 (0.68–5.0)
Referrals to CM practitioners outside the hospital				
Hospital policy	25 (10%)	14 (21%)	11 (6%)	—
No policy	145 (55%)	27 (41%)	118 (60%)	5.2 (2.1–13)
Case-by-case	43 (16%)	15 (23%)	28 (14%)	2.8 (0.99–8.0)
Unknown	49 (19%)	10 (15%)	39 (20%)	4.4 (1.5–13)
Scope of practice for visiting CM practitioners				
Hospital policy	54 (21%)	20 (30%)	34 (17%)	—
No policy	113 (43%)	16 (24%)	97 (49%)	3.3 (1.5–7.3)
Case-by-case	34 (13%)	17 (26%)	17 (9%)	0.65 (0.26–1.6)
Unknown	61 (23%)	13 (20%)	48 (24%)	2.1 (0.95–5.0)
Credentialing for visiting CM practitioners				
Hospital policy	72 (28%)	32 (48%)	40 (20%)	—
No policy	103 (39%)	11 (17%)	92 (47%)	6.2 (2.8–14)
Case-by-case	28 (11%)	11 (17%)	17 (9%)	1.4 (0.56–3.5)
Unknown	59 (22%)	12 (18%)	47 (24%)	2.9 (1.3–6.6)

CI = confidence interval. * Reference category: hospital has policy and its cancer service provides complementary medicine services. Derived by backward multinomial logistic regression, adjusted for survey responder's role (administration/management: 46 [18%], health care professional: 70 [27%], dual role: 146 [56%]); hospital ownership (public: 132 [50%], private for-profit: 74 [28%], private not-for-profit: 56 [21%]); and Australian Bureau of Statistics remoteness classification (major cities: 117 [40%], inner/outer regional: 87 [30%], remote/very remote: 91 [31%]). ♦

¹ NICM Health Research Institute, Western Sydney University, Penrith, NSW. ² South-Western Sydney Clinical School, University of New South Wales, Sydney, NSW. ³ South Western Sydney Local Health District, Sydney, NSW. ⁴ Graduate Research School, Western Sydney University, Penrith, NSW. ⁵ Translational Health Research Institute, Western Sydney University, Campbelltown, NSW. ✉ jennifer.hunter@westernsydney.edu.au • doi: 10.5694/mja2.50731

particularly complementary medicine services. In this report, we describe hospital policies on complementary medicine and the availability of related information for patients. The study was approved by the human research ethics committees of the University of Western Sydney (reference, H11389), the University of Wollongong and Illawarra Shoalhaven Local Health District (reference, HREC/16/WGONG/178), and Calvary Health Care, Adelaide (reference, 16-CHREC-E011).

One staff member from the cancer service of each participating hospital (262 of 282 invited hospitals, 93%) completed a 52-item electronic survey (online [Supporting Information](#)). Chemotherapy was provided by 207 of the participating services (79%) and supportive and allied health care by 196 (75%), including 66 (25%) that provided at least one type of complementary medicine service. Palliative care was provided by 168 hospitals (64%), surgery by 143 (55%), and radiotherapy by 143 (34%).

Ninety-three responding hospitals (36%) could not provide responses to one or more of the five policy-related survey questions. This was despite the option to complete the survey across several log-in sessions and 223 of the respondents (85%) having administrator or management roles. Only 89 respondents (34%) were aware of the Council of Australian Therapeutic Advisory Groups (CATAG) position statement on complementary medicines,⁵ and only 31 of these respondents (35%) thought that their hospital policies were aligned with this statement.

A substantial proportion of hospitals did not have policies regarding complementary medicine practitioners or patient-initiated complementary medicine use ([Box](#)). Most hospitals (229, 87%) had policies for documenting complementary medicines: 76 (33%) documented all complementary medicines (including patient-initiated products) on medication charts, 88 (38%) documented only complementary medicines approved by medical staff, and 48 (21%) documented complementary medicine use only in the clinical history.

The policy at 17 hospitals (6%) was that complementary medicines were never permitted, despite CATAG advice.⁵

In an adjusted backward multinomial logistic regression analysis, hospitals with cancer services without complementary medicine services were significantly less likely to have policies on complementary medicine practitioners and documenting complementary medicines ([Box](#)). Further, only 123 services (47%) provided complementary medicine information for patients, and 23 respondents (9%) did not know whether such information was available.

The differences in the awareness of and the availability of hospital policies and patient information about complementary medicine are concerning. Irrespective of whether a cancer service provides complementary medicine, consistent policies across Australian hospitals, and staff and patient awareness of these policies, are important because of the widespread use of complementary medicine. Stronger leadership is needed from peak bodies, such as the Australian Commission on Safety and Quality in Health Care and CATAG, to encourage Australian cancer services and hospitals to update or review their complementary medicine policies.

Acknowledgements: This project was funded by a 2016 Research Partnerships Program, Western Sydney University. Partner funding was obtained from Oncology Massage, a registered charity, and South West Sydney Local Health District. We thank Mike Armour for assistance with preparing ethics approval submissions.

Competing interests: The study was conducted at the NICM Health Research Institute, Western Sydney University. As a medical research institute, NICM receives research grants and donations from foundations, universities, government agencies, individuals, and industry to advance the vision and mission of NICM. Sponsors and donors also provide untied funding for work that advances the vision and mission of the Institute. ■

Received 5 October 2019, accepted 9 March 2020

© 2020 AMPCo Pty Ltd

- 1 Smith PJ, Clavarino AM, Long JE, et al. Complementary and alternative medicine use by patients receiving curative-intent chemotherapy. *Asia Pac J Clin Oncol* 2016; 12: 265–274.
- 2 Hunter D, Marinakis C, Salisbury R, et al. Complementary therapy use in metropolitan and regional Australian radiotherapy centres; do patients report effective outcomes? *Support Care Cancer* 2016; 24: 1803–1811.

- 3 Hunter J, Smith C, Delaney GP, et al. Coverage of cancer services in Australia and providers' views on service gaps: findings from a national cross-sectional survey. *BMC Cancer* 2019; 19: 570.
- 4 Smith CA, Hunter J, Delaney GP, et al. Integrative oncology and complementary medicine cancer services in Australia: findings from a national cross-sectional survey. *BMC Complement Altern Med* 2018; 18: 289.

- 5 Council of Australian Therapeutic Advisory Groups. Position statement for the use of complementary and alternative medicines. May 2015. http://www.catag.org.au/wp-content/uploads/2012/08/150518_CAM-Position-statement-final.pdf (viewed Jan 2016). ■

Supporting Information

Additional Supporting Information is included with the online version of this article.