Cancer Patients’ Experience of Combined Treatment with Conventional and Traditional Chinese Medicine: A Bio-psycho-social Phenomenon
ABSTRACT

Objectives

To explore experiences of cancer patients undergoing conventional chemotherapy and using traditional Chinese medicine (TCM) at same time.

Methods

In this qualitative study, 9 cancer patients were interviewed in-depth using a semi-structured guide. All interviews were audio-taped and transcribed verbatim. Data were collected and analyzed concurrently using content analysis to develop major themes and categories.

Results

Although TCM was slow to take effect, participants described reduced side effects of chemotherapy and restored body energy. However, participants’ different levels of belief in TCM’s effectiveness led to different purposes for TCM, from cure to just to get a bed in a specific hospital. Most participants viewed TCM as harmless and worth trying. Among the motivations for using TCM, medical expenditure was not a major concern. Participants also described different experiences in interactions with conventional clinicians and TCM practitioners.
Conclusions

Most participants used conventional medicine as the main cancer treatment and TCM as complementary. This study provides a profound view for medical staff to improve patient-physician communication about TCM use, and to understand patients’ reasons for choosing and experiences with combination therapy.

Key words: Traditional Chinese medicine, Qualitative research, Cancer, Chemotherapy
Complementary and alternative medicine (CAM) is increasingly being used in many countries.\textsuperscript{1-5} Among CAMs, traditional Chinese medicine (TCM), including acupuncture and Chinese herbal medicine, is especially important in East Asian countries, e.g., Japan and Korea.\textsuperscript{6-7} TCM has a well-established framework, unique methodology, and had been used by the Chinese for thousands of years.\textsuperscript{8-11} TCM, which is based on the Chinese concepts of yin-yang and five elements, uses herbal medicine or acupuncture to rebalance the body’s internal energy or $qi$.\textsuperscript{8-9} TCM was universally used in Taiwan one century ago, before the Japanese occupation (1895-1945), but it had been replaced by conventional western medicine because of the Japanese government’s modernization policy.\textsuperscript{12} Although conventional western medicine is mainly used in Taiwan today, TCM is still popular and widely available.\textsuperscript{13-16}

Even with modern conventional western medicine, cancer is still difficult to treat and has a high mortality rate. Cancer has been the leading cause of death in Taiwan since 1982, causing 38,913 deaths in 2008, more than twice as many deaths due to the second cause, heart disease.\textsuperscript{17} Although the effect of CAM on cancer cells has been studied at the molecular level,\textsuperscript{18-19} the effect of TCM on disease outcomes has not been well established. On the other hand, many cancer therapies like chemotherapy lead to various side effects, which have been shown in some studies to be reduced by
CAM, with more patients receiving chemotherapy tending to use CAM.\textsuperscript{19-20} Although the effect of TCM on cancer outcomes has not been well established, many patients use TCM to control their disease or as a complement to conventional therapy.\textsuperscript{13, 21}

Among the above few studies on the use of TCM in cancer patients, only one used a qualitative approach, i.e., focus group interviews. Qualitative studies focus on the medical experience of patients, whereas surveys risk collecting superficial information. Unlike focus group interviews, one-on-one interviews uncover participants’ views independent of social influence. Although CAM is widely use in cancer therapy, many patients don’t discuss CAM with their medical doctors.\textsuperscript{13} Therefore, the goal of this study was to explore cancer patients’ perceptions and experiences in using TCM with conventional chemotherapy.

METHODS

Design

A phenomenological design was used to explore cancer patients’ experiences and perceptions. Phenomenology focuses on universal experience and relies on narratives that aim to understand the lived experience of human beings.\textsuperscript{22} This approach allows researchers to obtain the richest descriptions of the phenomenon of interest and to explicate the phenomenon through interpretation.

Ethical Considerations
Before the study was initiated, it was approved by the Chang Gung Memorial Hospital Institutional Review Board. Participants’ confidentiality was protected by assuring them that neither their names nor any identification would be included in this report. Patients were also assured that their treatment would not be influenced by their decision to join or refuse to participate in this study.

Participants and Study Setting

Patients were purposively sampled from patients at oncology and TCM wards of a 3500-bed medical center in northern Taiwan to find information-rich participants. To be included in this study, patients had to meet these criteria: at least 21 years old, diagnosed with malignancy, receiving chemotherapy and TCM therapy at the same time, agreed to participate in this study, and able to communicate in Chinese or Taiwanese. Patients who matched our criteria were asked about their willingness to participate by an oncologist and a TCM physician in their outpatient department or ward. Of 11 patients who met the criteria, 9 agreed to participate. The reasons for refusing to participate were physical discomfort (n=1) and no available time to participate (n=1). Three authors (CHL, KCL and HMW) called these patients to explain the study, answer their questions, and to arrange an interview in interviewing room or TCM wards of the medical center.

Data Collection
Data were collected from participants using a semi-structured guide (Table 1) and open-ended questions to obtain thick descriptions. CHL introduced each interview as a conversation about patients’ experiences in using TCM. All patients were informed that they could skip any question or even withdraw from the study at any time, even though their feedback would be anonymous and independent of their right to current treatment. After receiving patients’ informed consent, CHL interviewed participants in person and in depth. All interviews were tape recorded with participants’ permission. The interviewer recognized and put aside personal views to minimize subjective bias. Interviews lasted 40 minutes on average. Demographic data (age, gender, education, monthly income) were collected from participants before interviews, and clinical characteristics (cancer site, cancer stage, and TCM service) were recorded via chart review.

**Data Analysis**

Tape-recorded interviews were transcribed verbatim, and textual data in transcripts were open-coded using participants’ key words to represent their experiences and perceptions. Related codes were combined and labeled as categories, with some categories comprising main themes. New participants were enrolled in the study until no further codes emerged from data analysis of interview transcripts (data saturation).
Trustworthiness of the data was assured by meeting four criteria: credibility, transferability, dependability, and confirmability. Credibility was enhanced by the interviewer being introduced to participants by their attending physician, thus building trusting relationships between interviewer and participants. During the interview period, the interviewer checked every unclear statement to clarify participants’ view. The coding process was conducted and discussed by two investigators, the interviewer (CHL) and a PhD-prepared nurse scholar with experience in qualitative research (WRT). The findings were reviewed by an oncologist and a TCM physician to ensure the accuracy of our interpretation.

Transferability was promoted by using purposive sampling to include participants with diversity and willing to provide thick description through open-ended interviews. Dependability was assured by interviews being conducted by the principal investigator (CHL) and by the transcripts being discussed with the supervisor (WRT). Confirmability was enhanced throughout the interview period by the interviewer bracketing her views to reach an impartial attitude.

RESULTS

Participants

The characteristics of the 9 participants (6 males, 3 females) are listed in Table 2. Their mean age was 52.1 years (range = 42 to 63), with educational background
varying from elementary school to university level. Six participants were receiving inpatient service, and the other 3 were outpatients. Participants had five types of cancer, from stage III to IV at diagnosis.

**Interview Themes**

Content analysis of interview data revealed three major themes: biomedical aspect: TCM as a supplementary force to conventional medicine; psychological aspect: different beliefs create different TCM uses; and social aspect: interactions among patient, physician, and insurance (Figure 1 and Table 3). These themes are described below with representative quotes from participant interviews.

**Biomedical Aspect: TCM as a Supplementary Force to Conventional Medicine**

*Fewer side effects.* Many participants reported that TCM reduced their side effects after conventional therapy. The most attractive aspect of TCM for participants was its ability to deal with bothersome side effects after chemotherapy, which conventional medicine had difficulty resolving. Participants under TCM didn’t even use antiemetics or other symptom-relieving drugs. For example, participant 2 said, “When I had some side effects after conventional medicine therapy, TCM reduced those side effects.” Similarly, participant 5 said, “After receiving TCM therapy, I had a huge improvement - didn’t even need antiemetics.” Another participant (#6) echoed this subtheme: “Of course TCM is better. It’s totally different from conventional
medicine. So after receiving TCM therapy, I left all antiemetics alone.”

Rebuild energy. To many participants, their body energy felt ruined after the battle against cancer. Many participants perceived TCM as not only reducing side effects, but also TCM useful in rebuilding their damaged body energy (qi). For those participants, TCM was seen as better than conventional medicine for rebuilding body energy. As participant 1 said, “If I hadn’t received TCM, I couldn’t have passed through the whole chemotherapy course every week…TCM improved my hematopoietic ability and elevated my white blood cell count.” Likewise, participant 9 said, “[After chemotherapy], I needed TCM for follow-up rebuilding…To rebuild body energy, I believe more in oriental medicine, especially TCM.”

Slow effect. Although many participants had a positive attitude toward TCM, they also noted that TCM had a much slower effect than conventional medicine. For instance, participant 9 said, “Mildness is one of the major characteristics of TCM. On the other hand, it takes a long time to have an effect; TCM doesn’t have an instant effect.”

Participants perceived treating a severe disease like cancer as just like a battle. Conventional medicine uses a wide spectrum attack force to excise lesions and kill cancer cells, whereas reducing damage and rebuilding normal body energy with TCM is also important. However, for many participants, attacking to cure cancer was more
critical than rebuilding. Most of them believed conventional medicine could cure cancer better than TCM because of its precise diagnosis and its treatment is based on well-established evidence.

**Psychological Aspect: Different Beliefs Create Different TCM Uses**

*Hope of cure.* One participant (#6) believed that TCM could cure his cancer without chemotherapy. He received chemotherapy only because his son asked him to do so. He had more confidence in TCM than in conventional medicine.

*My major concern is curing my disease. I trust TCM more than conventional medicine... TCM is much better than conventional medicine, it doesn’t need chemotherapy. I’ll try TCM to take the place of chemotherapy... I think TCM can totally cure this disease.*

*Just to get a bed: Convenience and safety.* The study site is the biggest medical system in Taiwan which provides high quality of care for patients with chronic or acute illness. However, patients have difficulty finding available wards on the oncology unit of this medical center due to high patient load. Therefore, some patients might turn to the TCM department to find a ward, even those who don’t believe in TCM. They wanted to stay in the hospital for the convenience of receiving conventional medical treatment, e.g., chemotherapy or radiotherapy, or just for safety with medical staff. For the few participants who didn’t believe TCM could improve
their cancer, they also received TCM because they wanted a hospital bed. For example, participant 3 said, “There was no available ward in the conventional medical department. Besides, it’s too far from my home...I came to the TCM department just to get a bed...” Similarly, participant 9 said:

*There is only my daughter at home, without any medical background. I’m so afraid of pain or disease progression. At least, there are doctors and nurses here [TCM ward] who can make decisions or manage my treatment if needed.*

*An alternative try.* Most participants were not sure about how useful TCM could be. However, when it came to an uncertain event involving life and death, like cancer, they tended to try any possible way to provide an advantage for their disease in addition to conventional therapy. As participant 1 said, “I thought since this medical center provides TCM service, there’s no harm in trying.” Likewise, participant 3 commented, “If conventional medical treatment failed, I would try another option.” Similarly, participant 9 said, “Just like staying on the TCM ward, I’m trying to satisfy my need...to reach a comfortable state.”

*Harmless.* Whether or not participants believed in the effectiveness of TCM, most of them viewed TCM as at least harmless. Harmless and less invasive were the general concepts all participants associated with TCM. For instance, participant 2 said, “The nature of TCM is moderate, less chance to damage our organs, like the stomach
or kidneys.” Similarly, participant 6 commented as follows:

*Of course TCM is better. Comfortable, no injections, only uses oral drugs to cure disease...It makes a difference. In the conventional medical department, we need to have injections. It’s difficult to receive chemotherapy drugs. I prefer the comfortable therapies here* [in the TCM department].

**Social Aspect: Interactions among Patient, Physician, and Insurance**

*Insurance and expenditures.* The experience of using TCM was not only determined by patients, but also influenced by doctors and the insurance system. In our study, most participants reported medical expenditures as not the major concern in their decision between conventional medicine and TCM. They cared more about the treatment’s medical efficacy than about money. As participant 9 said, “To relieve pain, patients can accept medical expenditures and economic problems can be resolved.”

Another participant (#7) reported that his private insurance covered the expenditures for TCM: “Expenditure, it’s not my major concern, because of my insurance.”

*Patient-physician relationship.* Medical expenditures didn’t make a difference in participants’ experience of using TCM, nor did they view any difference between the roles of conventional clinicians and TCM practitioners. Participants thought that under the same white coat, both clinicians and TCM practitioners were specialized and deserved respect in their own field. For example, participant 4 said, “They are
both doctors; it seems the same to me.” This view was echoed by participant 9: “Each
doctor has his specialty…They have their own field, so we won’t resist conventional
medicine because of using TCM.”

Moreover, because patients lacked medical knowledge, they were at a lower and
more passive position in the relationship. In Taiwan, patients tend to want their doctor,
no matter if a conventional clinician or TCM practitioner, to decide on treatment
options instead of deciding on their own. For example, participant 3 said, “To me, the
most important is to cooperate with doctors, without too many opinions. Doctors are
here to cure you, so you have to cooperate with them.” This view was echoed by
participant 4: “Just listen to what the doctor says; I don’t understand. I just figure out
how to cooperate with doctors.” Finally, participant 9 said, “We come here for
treatment. We should trust the doctors, and entrust our life to them.”

However, participants still described some differences in their experience of
interacting with medical clinicians and TCM practitioners. They found that TCM
doctors were kind, with more interest in humanity, and tended to listen, whereas
conventional medical doctors were perceived as colder and more detached when
interacting with patients. As participant 6 said, “[The TCM practitioner] is kind and
familiar when communicating with patients, like a friend you’ve had for many years. I
feel happy to see him. Another participant (#7) said, “[TCM practitioners] are willing to listen.” Participant (#1) described her experience as follows:

*I have seen a conventional medical clinician like that, a very cold clinician. Only interacting in a routine way. Every time I take my mother-in-law to see him, I feel he asks questions just as part of a routine.*

This participant (#1) shared her view that TCM and conventional medicine could be compared as a social phenomenon, like Buddhism versus Christianity, to demonstrate the tolerant features of TCM. In Taiwan, Buddhism is usually combined with folk religions, but Christians usually have to abandon their folk religions or customs, e.g., respect for ancestors or local gnome.

*TCM, like Buddhism, is charitable and has more tolerance of other religions. But conventional medicine is like Christianity; after you have been baptized you cannot burn a joss stick [a type of incense used in Buddhist worship].*

Another participant (#5) made a different comparison between conventional medicine and TCM: “One [conventional medicine] is like a severe father and the other [TCM] is like a kind mother.” In traditional Chinese culture, fathers used to be described as powerful, cold, and with strong opinions. On the other hand, mothers were described as gentle, kind, and more tolerant of different opinions. Participants didn’t have to take any risks in using TCM or to give up their current conventional
medical treatment. As a result, even though those who didn’t believe in the effectiveness of TCM were willing to try it and hope for the best.

**DISCUSSION**

For our sample of Taiwanese cancer patients, using TCM was not only a medical issue, but also involved a bio-psycho-social interaction between patients, physicians, and the medical system, as previously reported for other CAMs.\(^{25-26}\) Many participants in our study reported that TCM therapy improved their health and reduced side effects, although TCM was found to have no significant effect in reducing chemotherapy-induced side effects in a double-blind randomized control trial.\(^{27}\) Most participants in this study also thought TCM was slow to have an effect, which is the also opposite of a previous report.\(^{13}\) More study is needed to clarify this issue.

The participants of this study had different beliefs in the efficacy of TCM and used it for different purposes. The patients in our study viewed TCM as a harmless and non-invasive therapy, similar to previous reports that most patients use CAM because its non-harmful nature is better than conventional medicine.\(^{14, 20, 28}\) This harmless nature reduces the risk ratio of trying TCM as a hopeful alternative along with conventional therapy.\(^{29}\) To most participants in our study, using TCM was worth a try for its non-harmful, supportive effects besides conventional therapy, even
another hope for cure. This result was consistent with previous quantitative results in Taiwanese cancer patients.\textsuperscript{21}

However, another interesting finding is some participants used TCM because of a desire to be admitted to the TCM ward instead of believing in the effect of TCM. Even though they didn’t believe in the efficacy of TCM, the TCM inpatient service provided them a safe and convenient treatment setting at affordable cost. This phenomenon may result from the Chinese concept of TCM as harmless to use and private insurance coverage of TCM expenditures.

The insurance system and individuals’ socio-economic status can affect the use of TCM. In a qualitative study in mainland China where income is lower and people lack national health insurance, people might choose TCM because of the cheaper cost.\textsuperscript{13} However, most of our participants in Taiwan mentioned that expenditures were not their major concern. Even though TCM inpatient service is not covered by Taiwan’s National Health Insurance, participants were more concerned about the efficiency and effects of TCM. This phenomenon may result from incomes being relatively high compared to medical expenditures and a good private or national insurance system.

Although participants had difference reasons for using TCM, they showed similar respect for both TCM and conventional medicine. This phenomenon may be
due to the long-term use of TCM in Taiwanese culture, so that participants had witnessed others’ many previous positive experiences with TCM. Moreover, participants had a similar passive attitude to their involvement in the medical decision-making process regardless of dealing with conventional medical clinicians or TCM practitioners. In contrast, CAM users from western countries tend to want to participate more and be more active in medical decision-making.5, 20, 28, 30 This difference may be due to the typical patient-physician relationship in Taiwanese culture. Taiwanese people usually respect their doctors, including TCM practitioners or medical clinicians, and ask them to decide their medical plan, not only because patients lack medical knowledge but also have a passive attitude toward their health issues.

However, the experience of using TCM and conventional medicine still had many differences. Most participants described preferring the TCM practitioner’s attitude, in contrast to a previous CAM study in the USA which showed no difference.2 Participants in our study also perceived conventional clinicians as more self-centered, cold, and less tolerant of other treatments, while TCM practitioners were viewed as kind, friendly, moderate, and more tolerant, similar to a previous report.13 This result implies that the patient-physician relationship has an important role in the TCM experience.
Limitations

This study had some limitations. First, 90% of TCM users in Taiwan’s National Health Insurance database go to private TCM clinics instead of the TCM department of a medical center. However, most of those patients seek TCM for chronic, mild disease, like respiratory problems or musculoskeletal pain. Patients with severe disease usually seek conventional therapy. Our hypothesis was that patients with severe disease, like cancer, would trust the TCM department of a medical center more than a private clinic. Second, this study focused on patients who used both conventional medicine and TCM at the same time at one medical center, but didn’t include patients from different medical institutions. Third, none of the participants were early stage cancer patients. Fourth, participants were not diverse. They were limited to one region, no participant was Christian, and all were of the Han ethnic group. Moreover, none of the participants had a graduate school education or medical background. These factors might have influenced participants’ experience in using TCM. Further studies are needed to clarify the influence of different medical setting, disease severity, or demographic background on the experience of TCM use.
REFERENCES


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<table>
<thead>
<tr>
<th>Question</th>
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</thead>
<tbody>
<tr>
<td>1. How did you know you had cancer?</td>
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<tr>
<td>2. In which situations did you decide to use conventional or TCM combination therapy?</td>
</tr>
<tr>
<td>3. Please describe your experience using combination therapy of conventional medicine and TCM.</td>
</tr>
<tr>
<td>4. What is your perception of the difference between TCM and conventional medicine?</td>
</tr>
<tr>
<td>5. What are your expectations of TCM?</td>
</tr>
<tr>
<td>6. Did you have any other experiences or perceptions of conventional medicine and TCM that I haven’t asked about?</td>
</tr>
</tbody>
</table>
### TABLE 2 – Participants’ Characteristics

<table>
<thead>
<tr>
<th>No.</th>
<th>Gender</th>
<th>Age (years)</th>
<th>Education</th>
<th>Monthly Income*</th>
<th>Cancer Site</th>
<th>Stage</th>
<th>TCM service</th>
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<td>40,000</td>
<td>Mouth</td>
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<td>30,000</td>
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<td>Outpatient</td>
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<tr>
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<td>Lung</td>
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<td>Inpatient</td>
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</tbody>
</table>

* NT dollars. One US dollar equals approximately 32 New Taiwan (NT) dollars
TABLE 3 -- Themes and categories from interviews

<table>
<thead>
<tr>
<th>Themes and Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Biomedical aspect: TCM as a supplementary force to conventional medicine</strong></td>
</tr>
<tr>
<td>Fewer side effects</td>
</tr>
<tr>
<td>Rebuild energy</td>
</tr>
<tr>
<td>Slow effect</td>
</tr>
<tr>
<td><strong>Psychological aspect: Different beliefs create different TCM uses</strong></td>
</tr>
<tr>
<td>Hope of cure</td>
</tr>
<tr>
<td>Just to get a bed: Convenience and safety</td>
</tr>
<tr>
<td>An alternative try</td>
</tr>
<tr>
<td>Harmless</td>
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<tr>
<td><strong>Social aspect: Interactions among patient, physician, and insurance</strong></td>
</tr>
<tr>
<td>Insurance and expenditures</td>
</tr>
<tr>
<td>Patient-physician relationship</td>
</tr>
</tbody>
</table>
Figure 1.a. Biomedical aspect: A supplied force behind conventional medicine

- Slow effect
- Biomedical aspect
- Rebuild energy
- Fewer side effect
Figure 1.b. Psychological aspect: different believe make different position

- Patient number
- Don’t believe
- Believe

- Just to get a bed
- An alternative try
- Hope of cure
- Harmless
Figure 1.c. Social aspect: An interaction of patient, physician, and insurance