Despite her scientific training and experience in medical practice, after being diagnosed with an indolent non-Hodgkin’s lymphoma, the author was subjected to intense pressure about alternative therapies from well-meaning friends and relatives. While insulated at first from these forces, disease recurrences and progression increased her vulnerability to the lure of seemingly gentler approaches. A data-driven study of alternative therapeutic methods, however, convinced the author that investigational strategies offered her a better chance of cure or improvement than unproven alternative methods. She offers guidelines for physicians about what patients want, and emphasizes the importance of hope, caring, and information. 

When a good friend learned that I was asked to write an essay discussing why cancer survivors are interested in alternative therapies for curing cancer, she was shocked and said, “Of all people, why in the world would they invite you? You’ve made it clear to everyone that you don’t believe in alternative therapies for cancer.”

I am a physician who writes about survivorship, including the role of alternative therapies in cancer care. More importantly, I’m also a cancer patient who has experienced the forces that attract people to alternative therapies. Here I will share how alternative therapies for curing cancer played into my own survivorship, and then share my thoughts on what patients want and need.

In 1990 I was diagnosed with an incurable cancer: Stage III follicular small
cleaved cell non-Hodgkin’s lymphoma. Not surprisingly, I had no doubts about trusting my newly diagnosed body to a long-time colleague, an oncologist. Years of caring for patients in my solo practice of internal medicine were premised on my confidence in conventional medicine. Although better prepared for the physical challenges of chemotherapy than the average person, I was blind-sided by the social hazing that accompanied becoming a patient. Family, friends, and strangers bombarded me with stories, information, and advice about diet, doctors, the mind-body connection, and alternative treatments.

My knowing that no alternative therapy had been proven effective in curing cancer helped me file away the flood of articles, books, audio- and videotapes that came my way, and dismiss the various theories of healing they presented. I renounced it all, but not without a twinge of hesitation. You see, the good Samaritans’ words of introduction often tapped into my vulnerability.

While some senders gently encouraged me to keep a more open mind, others’ messages were more urgent: “Dr. Harpham, you must read about this treatment! It may save your life.” A few tried to make me feel guilty, castigating my ignorance and stubbornness: “Dr. Harpham, I can’t believe you don’t know about this cure for non-Hodgkin’s lymphoma.”

And then there was my older sister, Debby, a graphic artist who was studying to become certified in homeopathy. One could cast doubt on the motivations of suppliers of kooky concoctions. But Debby is my sister, my blood. Debby has only loved me and wanted me to get well. She truly believed she had a better answer for me than intravenous steroids and poisons; she thought I was making a mistake to reject homeopathy with its long history of a gentle, natural approach to curing all ills. But I didn’t believe in homeopathy, so I filed away her mailings, too.

**THE “RIGHT” ATTITUDE**

Pressured by the pervasive myth that my cure was in my power if only I would adopt the right doctors, medicines, diet, and attitude, I kept reminding myself that I could only affect, not control, my fate. Genetics, luck, and innumerable ill-defined biophysical phenomena also affect medical course. Knowing and believing this, I was surprised when I had difficulty completely dismissing from my mind the possibility that my attitude alone, or some alternative therapy, might cure me. But I was unwavering in my belief that conventional therapy gave me the best chance at survival, a faith that helped me accept the necessary discomforts and the risk of late effects of my chosen treatment, the so-called “slash-burn-poison” approach to cancer. Six months later, scan evidence of complete remission validated my faith in the science that rescued me.

At the same time, though, fear of recurrence, and the passivity that characterizes completion of treatment, gave me my first real taste of the appeal of alternative therapies. Conventional medicine seemed impotent, poised only to react to the first signs of recurrence; alternative therapies tempted me with the promise of taking charge, of “doing something” to prevent the lymphoma from recurring. But I didn’t investigate, and kept filing the continuing trickle of articles and books on alternative therapies without really looking at them. My fear of recurrence was channeled, instead, into time honored measures to enhance my physical, emotional, and spiritual recoveries: Eating well, resting, exercising,
attending a support group and counseling, and prayer. As predicted and hoped, my health steadily improved and I anticipated putting cancer behind me.

**RECURRANCES RAISE THE ANTE**

Before my one-year check-up, a lymph node swollen with cancer cells rocked my world once more. This shock was accompanied by a new wave of unsolicited advice about alternative therapies that I again filed away. Mini-mantle radiation therapy did the trick and, with the lymphoma back in remission, my oncologist then prescribed interferon. After four long, miserable months of debilitating nausea and fatigue, my scans once again showed cancer. With this second recurrence, my conventional treatment options narrowed, prognosis worsened, and hopes dwindled. The ante was raised: Radiation and chemotherapy no longer offered me realistic hope of a lasting remission, let alone cure. I had to ask myself, “Am I still willing to bet my life on conventional medicine?”

**WANTING AN EASY OUT**

Tired of feeling sick, and dreading feeling even sicker, the possibility that a gentle alternative therapy could cure me was most seductive. Some alternative therapies offered me a sense of empowerment that I had not experienced while tethered to a radiation table or hooked up to an IV. Packaged pills and testimonials tugged at my hope while theories of antineoplasia, seemingly too simplistic or far-fetched before, now stoked my desire to control the disease that threatened me.

**REALISTIC HOPE VERSUS WISHFUL THINKING**

The lure of alternative therapy was powerful but I knew that not all hope is equal. Realistic hope—hope based on fact—is stronger than that born of wishful thinking, which is why my desire for a sense of control over my disease was overshadowed by my resolve to learn the facts about my treatment options and base my decision on them. Professional discipline helped me keep my emotions from getting in the way as I tried to review data on the risks and benefits of alternative therapies. I wanted to make sure I would be comparing apples against apples when looking at alternative versus conventional options.

I disregarded personal stories, no matter how well-documented and engaging, since anecdotes couldn’t tell me if the treatment used was at all responsible for the person’s recovery, let alone if the same treatment would work for...
me. I wanted hard data, but advocates of alternative therapies didn’t talk of percentage responders; they just said their method worked… or it might work.

DEMANDING PROOF

My dilemma clarified for me the contrast between conventional medicine and alternative therapies: Scientists are always skeptical—questioning “how” and “why,” demanding proof every step of the way. Conventional medicine is provisional and always will be—it represents the best treatments we have for now, with the expectation that better understanding and improved therapies will come along.

In contrast, proponents of alternative therapy claim to possess an absolute truth about healing. While practitioners of conventional medicine don't make promises that can't be kept, alternative “healers” often do, asking patients to have faith in someone who claims to have the ultimate solution to their problem.

SURVIVAL AND MODERN MEDICINE

In 1993, with none of my conventional treatment options looking very good, I had to decide on a treatment. A historical review of medical advancements in cancer treatment helped me decide what to do: In the 1930’s, fewer than 20% of cancer patients survived five years; \(^1\) by 2001, survival had tripled to 60%. \(^2\)

Assuming that patients’ will to live was just as strong before 1930 as after, the inescapable conclusion I drew was that more patients died before 1930 because their cancers progressed despite trying prayer, diets, salves, potions, homeopathic remedies, herbs, and lifestyle changes—everything that is now considered “alternative.”

More people died before 1930 because they didn’t have access to modern medicine. And, though conventional medicines still had serious limitations, I had every reason to believe that safer, more effective cancer treatments would be found through scientific studies.

A BETTER OPTION: THE CLINICAL TRIAL

That’s when I realized that I had a better option for treating my recurrence of lymphoma: A clinical trial of a promising treatment based not on anecdote or observation alone but on sound preclinical studies. When faced with the choice between an alternative therapy (an unproven treatment based on observation or unproven theories) and an investigational treatment (an unproven treatment based on sound preclinical and clinical studies), I chose the latter, becoming the 15th person to receive chimeric antiCD20 monoclonal antibodies. The promising hypothesis underlying the phase I trial led to the trial drug that resulted in my partial remission. In a retreatment trial eight months later, I achieved complete remission. Recurrences since then have been treated with courses of chemotherapy and antibody therapy, and I’ve been in my longest remission (more than two years at the time of this writing) since receiving a fourth course of the antibody therapy, now FDA approved and marketed as Rituxan.

THE DESIRE TO CONTROL CANCER…AND FATE

I believe my personal story sheds light on why some patients pursue alternative therapies for treating cancer. Patients’ natural desire to control their cancers is fed by the American myth that survivors can control their fates, and by the tremendous social pressure to use alternative therapies. For patients who believe, or want to believe, that they can be guaranteed a good outcome, the assurances of an alternative therapy’s effectiveness make these therapies
seem a better choice for curing cancer than conventional medicines with their probabilities and uncertainties. But they are not better.

Patients who don’t understand the difference between information based on theory, anecdote, historical analysis, or double-blind placebo controlled studies are making ill-informed decisions, believing alternative therapies are safer or more effective when they are not. Even patients who presume that alternative therapies are ineffective may use them. Why? When faced with a life-threatening disease requiring highly toxic treatments with no guarantees, or when dying because there are no effective conventional treatments, it takes guts to reject something or someone claiming to be able to save you, just in case you might be wrong.

LONGING FOR AN EASIER ROUTE

The toxicities of conventional therapies make patients long for an easier route to wellness. Many patients, but especially those who are worn out and discouraged when their cancers progress despite receiving the best conventional treatments, are acutely aware of the limits of modern medicine, and are more open to notions of healing based on unproven theories.

In my case, throughout my survivorship, my doctors and nurses have cared about me and my family, giving me their time, gentleness, hugs, and hope along with whatever information was shared or medicines prescribed. I suspect that patients who resent feeling as if their doctors are only interested in treating their disease (and not them as whole people), and patients whose doctors do not offer any hope or encouragement, may reject not just the doctors or clinics, but their science, too. As we develop increasingly sophisticated ways to prevent, diagnose, and treat malignant cells, we must keep in mind the age-old wisdom that the key to the care of the patient is in caring for the patient.

EXACTLY WHAT IS ALTERNATIVE THERAPY?

As a physician-survivor, I wanted to draw a grand conclusion about alternative therapies for curing cancer, but couldn’t, and found this both troubling and enlightening. A major problem is simply that the term “alternative” is defined in very different ways by different people (Editor’s note: See CA Cancer J Clin 1999;49:362-375). Confusion persists even among physicians about whether, how many, and which of these treatments have been scientifically evaluated. At conferences, I’ve seen well-respected physicians argue about whether or not there is a possibility of any alternative therapy proving useful against cancer in rigorously controlled studies.

Providing sound information about alternative therapies to patients represents another challenge, especially when oncologists don’t (or don’t want to) know much about them. Should oncologists even get involved with advising patients about alternative therapies? On the other hand, how can oncologists protect their patients from charlatans intent on making money by preying on vulnerable patients? Should doctors try to prevent patients from using up life savings on what the physicians believe are ineffective treatments?

A SERIOUS ISSUE FOR PATIENTS

Of one thing I am sure: Alternative therapy is a serious issue for cancer patients and we must address it. We have an obligation to scientifically evaluate alternative therapies that are being used frequently, as well as those that seem promising. Developing and distributing guidelines on alternative therapies would help practitioners provide optimal care. For now, here are my conclusions about what cancer patients want and need from their doctors:
CONCLUSIONS

1. Patients want to get well. Establish your role as your patient’s ally by explaining, “My number one goal is to help you find whatever treatment on this planet will give you the best chance to get well. My job as your oncologist is to help you get sound, up-to-date information so you can make reasoned judgements about which treatment option gives you the best chance.”

2. Patients want to avoid pain, distress, poverty, uncertainty. Instead of leaving patients to balance the cold statistics of conventional therapies against the philosophies and inspirational stories of alternative therapies, reassure your patients, “Now that we’ve reviewed the discomforts and uncertainties of conventional treatments, I want you to know that we will use every measure available to prevent, minimize, and deal with any difficulties you might encounter.” Then refer your patients to resources that discuss the difficulties and uncertainties of alternative therapies. Explain, “This information will allow you to compare apples with apples when making your treatment decision.”

3. Patients want to enhance self-healing. Encourage your patients’ efforts toward self-healing. Refer your patients to accurate information about nutrition, exercise, spirituality, hopefulness, happiness, and any other factors that may foster the self-healing potential of the mind and body.

4. Patients want to feel empowered. To the degree that your patients want to feel empowered, encourage them to participate in conventional or investigational therapies as an active, rather than passive, endeavor.

5. Patients want the best possible treatment. Physicians are not failures when a patient’s cancer progresses even when all medical options are exhausted. No matter what the medical outcome, doctors triumph when they help each patient get the best care possible, and help each patient live as fully as possible within the constraints of illness. Patients need oncologists to emphasize the strengths of the scientific method, acknowledge the limits of scientific knowledge, and then dedicate themselves to narrowing the gap between their understanding of optimal care and the care that patients actually receive.

6. Patients want hope. Share success stories when you present the cold facts. Help patients see that there is more hope in a conventional treatment with a small chance of cure than in an unproven alternative therapy. And never extinguish hope.

When I was in practice, patients with untreatable diseases sometimes came to me wanting to try a specific alternative therapy. I would tell them, “There is no scientific evidence that this treatment works. Have you looked at the possible problems and expense?” I also explained that nourishing hope of cure through an unproven alternative therapy might mean sacrificing enjoyment of whatever time they had left. If the patients had worked it through, and still wanted it, I’d say something like, “Things happen in medicine that we don’t understand. I hope you get well. I’ll keep looking for a new conventional or investigational treatment that might become an option for you.”

I believe that to leave the issue of alternative therapies unaddressed is to subject most of your patients to unbalanced input about treatment options. Your posture on alternative therapies, including a silent one, shapes your patients’ attitudes and decisions about treatment.

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