

## Complementary and Alternative Medicine in Cancer Care

### TO THE EDITOR:

In the May 2008 issue, I read with interest the article by Lafferty et al regarding complementary and alternative medicine (CAM) use among cancer patients under mandatory insurance coverage.<sup>1</sup> It is unfortunate that the authors did not have access to data regarding CAM sought by terminally ill patients that was outside insurance coverage; the article raises an important issue about the ethics of offering certain CAM therapies.

When I was a medical student a number of years ago, I rotated through the clinic of a well-known alternative practitioner who offered week-long programs for the terminally ill that included herbal oil massages, foods thought to contain salubrious amounts of the Ayurvedic humors (vata, pitta, and kapha), and meditation. The program was oriented more toward cure from Ayurvedic practice than palliation, I found. Although there are undoubtedly many benefits to be derived from such engagement in spiritual endeavors, these programs cost many, many thousands of dollars, of which insurance covered zero, and seemed to be populated by those whom conventional medicine had failed—those willing to spend anything in desperate, final, and ultimately futile hope of a miraculous cure for their cancer. The practitioner has become a very, very rich man.

The terminally ill are a vulnerable population and more likely to be willing to spend money on unproven therapies because of their desperation. Managed care must be judicious in its coverage of CAM therapies, carefully evaluating the costs, potential benefits for the patients, and risks in light of this desperation. Additionally, managed care organizations that do offer CAM have a responsibility to educate their patients on the actual evidence that exists for benefiting the patient, and brokering reasonable expectations about healing, cure, and palliation.

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### Reference

1. Lafferty WE, Tyree PT, Devlin SM, Andersen MR, Diehr PK. Complementary and alternative medicine provider use and expenditures by cancer treatment phase. *Am J Manag Care.* 2008;14(5):326-334. ■

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