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**2022 - (JURNAL) Discoursing the use of
complementary therapy for cancer care i
n Indonesia A perspect**

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5046 Words

CHARACTER COUNT

29110 Characters

PAGE COUNT

7 Pages

FILE SIZE

320.0KB

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Article journey:

Submitted
29/12/2021

Revised
29/3/2022

Accepted
19/4/2022

Online first
19/4/2022



PERSPECTIVES

Discoursing the use of complementary therapy for cancer care in Indonesia: A perspective


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 <https://doi.org/10.31603/nursing.v9i1.6451>

Abstract

The use of CAM in Indonesia is relatively high, but this method is still considered a second-class treatment. There are still many modern medical practitioners who have not accepted this method as a method of treatment that can be accounted for. This article attempts to explain why complementary-alternative medicine continues to develop and why it needs to be widely proposed as a treatment method of choice, in addition to modern medical treatment. Conventional medical medicine or modern medicine and complementary-alternative medicine have different philosophical foundations, so imposing an assessment using biomedical methods to prove the efficacy of CAM seems less appropriate. Suppose evidence of efficacy is required for CAM to be accepted. In that case, it seems that research methods with qualitative and anthropological approaches should be chosen that provide more space for individual experiences in the use of CAM.

Keywords: complementary and alternative medicine; modern medicine; discourse, biomedical; anthropology

² Modern medicine is a mainstream treatment method that most people, including Indonesia, currently embrace. However, it must be admitted that modern medicine has not solved all health problems, especially during this pandemic. This is one of the reasons why more and more people are shifting their treatment to the method of Complementary and Alternative Medicine (CAM). People have the freedom and the inclination to choose the treatment method that best suits their circumstances. In general, treatment aims to maintain good health and prevent or treat the disease experienced. The method chosen can be through conventional western medicine, also known as modern medicine, and complementary-alternative medicine (Stubbe, 2018). Traditional medicine or complementary and alternative medicine (CAM) continues to increase its use globally (Horneber et al., 2012). This treatment method is found in almost every country, such as in continental Europe (Eardley et al., 2012; Kempainen et al., 2018), Australia (Xue et al., 2007), America (Roth and Kobayashi, 2008) and Asia (Peltzer and Pengpid, 2018) with a tendency to use more and more from year to year. Worldwide, traditional and complementary medicine is one of the mainstays in health services.

The use of CAM in cancer patients is also widely recognized worldwide. In Australia, it is estimated that around 17% to 87% of cancer patients have used one form of complementary therapy during their cancer treatment (Guerra-Martín, Tejedor-Bueno, & Correa-Casado, 2021). Campo et al.'s research examined mind-body therapy as a type of CAM in patients (Campo et al., 2016). Likewise, many other researchers have reported the use of CAM in patients with various types of cancer in various countries (Hill et al., 2018; Keene et al., 2019). WHO states that various forms of complementary-alternative medicine have long been the primary healthcare methods in developing countries and spread throughout the world, even in countries with dominant conventional medicine methods (Kramlich, 2014). The national survey of the use of traditional and complementary medicine in Indonesia in 2014-2015 showed that 24.4% of the Indonesian population used the services of traditional practitioners and/or traditional medicine in the last four

weeks, and 32.9% of the population used complementary medicine in the last four weeks of the study (Pengpid and Peltzer, 2018).

A set of regulations has regulated the application of complementary-alternative therapy in Indonesia. However, in reality, there are still many modern medical practitioners who have not been able to accept this method. One of the reasons is the lack of data regarding the use of CAM for cancer patients (Mao, Palmer, Healy, Desai, & Amsterdam, 2011). Although research results show that the use of CAM in Indonesia is relatively high, this method is generally still considered a second-class treatment. This perspective seeks to explain why more and more cancer patients are interested in using CAM and why CAM needs to be widely proposed as an alternative treatment method, apart from modern medical treatment. This article will spark the interest of many people to research the use of CAM in cancer patients in Indonesia so that more data will be available for clinicians. Several sections of discussion have been provided to gain more understanding of using CAM in healthcare practice.

Health

Human health in its broadest sense is "*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*". Health interacts with three main aspects: physical, mental, and social. These three aspects are interrelated, and the balance of the three is an ideal condition that is expected to maintain health. Meanwhile, according to the Republic of Indonesia Health Law No. 36 of 2009, health is a healthy state, both physically, mentally, spiritually, and socially, allowing everyone to live socially and economically productively. Health efforts are every activity and/or a series of activities carried out in an integrated, integrated, and sustainable manner to maintain and improve the health status of the community in the form of disease prevention, health promotion, disease treatment, and health restoration by the government and/or the community (Kementerian Kesehatan Republik Indonesia, 2009). Following the times, health can be defined in three more specific definitions. The first definition states that health is a condition without disease or decline in function in the body. Second, health is a state that allows individuals to meet all the demands of everyday life. The third understanding is a state of equilibrium that allows individuals to be established within themselves and between themselves and their physical and social environment (Sartorius, 2006).

Health in modern and postmodern paradigm

All forms of measurement, value, implementation, practice, and methods of modern medicine are products of modernism. The development of medical knowledge and practice from its early days to its present form is in line with the birth of modernism's thought and practice. The paradigm of modernism views humans in the context of dualism. Mind and body are two different substances or entities, each with different essential properties. Rene Descartes' version of dualism states that man is made up of two very different substances that cannot exist as a single entity. This dualistic nature of humans is the basis for the development of modern medical science today. In modern medical science, the human body is seen as a biological organism (materialism), so understanding it is done by examining its constituent parts (reductionism) using the principles of anatomy, physiology, biochemistry, and physics. The disease is seen as a deviation from biological norms caused by some identifiable physical or chemical event (Mehta, 2011).

The postmodernism movement emerged due to the negative consequences that emerged during the period of modernism. Thoughts to revise modernism tend to return to pre-modern times, such as the teachings of New Age metaphysics and thoughts that associate themselves with the realm of physics and mysticism, known as 'holism'. Postmodernism wants to revise modernism, not by totally rejecting modernism, but by renewing modern premises. For example, science is not rejected in itself, but only science as an ideology where the truth is considered the most valid (Ellaway, 2020). Postmodern values that emerge are value systems that offer ideas about nature, science and technology, health, authority, individual responsibility, and consumerism. This is in line with the philosophy of most alternative medicine therapists. Alternative medicine practitioners generally use natural and non-invasive therapies, follow a holistic health perspective, and invite patients to participate in the healing process. This treatment emphasizes that health comes from within oneself and is a personal responsibility to achieve the desired level of health. Medicine in the postmodern era emphasizes concentration on healthy living. The main aim of the treatment is to increase the human body's natural capacity. By adopting the principles of increasing the body's capacity, medicine in the postmodern era is centered on the potential of human physical abilities, cognition, mood, and life span. This capacity-building discourse replaces modern medical discourse built on achievements in curing disease. While modern

medicine only focuses on the body and disease, postmodern medicine also considers individual health. Alternative medicine believes that medicine should focus on the body to help itself heal. This is contrary to modern medicine, which still concentrates on treating the symptoms of the disease, not paying attention to the body as a whole (Hesselink, & Schatman, 2018).

Complementary-Alternative Medicine (CAM) and reason for use

Complementary-alternative medicine is a group of practices, products, or healthcare systems that are generally not part of conventional medicine with modern medical science. It is called complementary medicine if it is used together with conventional medicine, and it is called alternative medicine if it is used instead of conventional medicine (Stubbe, 2018). Complementary-alternative medicine presents a variety of systems and methods of therapy that vary. The method is based on the knowledge, skills, and practice derived from the therapists' theory, philosophy, and experience. This treatment is used to maintain and improve health, preventing, diagnosing, alleviating, and treating physical and mental illnesses. Complementary-alternative therapies are mainly used outside of conventional health care, but in some countries, several types of therapy are adopted or adopted in conventional health care.

The Minister of Health of the Republic of Indonesia in Permenkes No. 1109/MENKES/PER/IX/2007 formulated alternative-complementary medicine as non-conventional treatment aimed at improving public health status, including promotive, preventive, curative, and rehabilitative efforts obtained through structured education with quality, safety, and high effectiveness based on biomedical science, which has not been accepted in conventional medicine (Kementerian Kesehatan Republik Indonesia, 2009). It is important to note that this regulation clearly states that complementary-alternative medicine has not been accepted in conventional medicine. CAM is widely recognized with various categories and modalities that vary greatly, so it is not easy to draw a precise definition of CAM.

The exact reasons alternative medicine has become popular are complex, change over time, and vary from one type of therapy to another. This reason is also very different from one individual to another. However, there is no single determining factor why complementary-alternative medicine is increasingly being used. There is a comprehensive interaction between positive and negative motivations, which is a critique of the modern system of medicine. Some of the reasons underlying the increasing number of people using CAM are dissatisfaction with the results of conventional treatment, dissatisfaction with the services of formal health care providers, the positive effects of CAM treatment in terms of physical, emotional, and behavioral aspects; the safety of CAM therapy when compared to conventional therapy; satisfaction with CAM therapy, trust in CAM service providers and the choice of type of therapy offered, the emergence of a postmodern value system, and sources of recommendations for the use of CAM (Mitha, Nagarajan, Babar, Siddiqui, & Jamshed, 2013; Sirois, Salamonsen and Kristoffersen, 2016).

CAM in Indonesia

Permenkes no 1109/MENKES/PER/IX/2007 states that complementary-alternative medicine is carried out as a continuous service effort starting from health improvement (promotive), disease prevention (preventive), disease healing (curative), and/or health recovery (rehabilitative). The scope of complementary-alternative medicine mentioned in the regulation includes mind and body interventions, alternative systems of medical practice, manual healing methods, pharmacologic and biological treatments, diet and nutrition, the prevention and treatment of disease, and unclassified diagnostic and treatment methods. The main reason households use traditional health services is to maintain health/fitness. These results indicate that traditional health services are still a lot in Indonesian society. This is in line with the results of a national survey on the use of traditional and complementary medicine in Indonesia in 2014-2015, which showed that 24.4% of the population used the services of traditional practitioners and/or traditional medicine in the last four weeks, and 32.9% of the population used complementary medicine. In the last four weeks of the study (Pengpid and Peltzer, 2018).

The use of CAM worldwide is likely to increase. Reports on the use of CAM from around the world are abundant, with various methods varying widely. In Southeast Asia, the most widely and easily accessible reports on the use of CAM are in Malaysia and Singapore. For other Southeast Asian countries, reports that can be accessed online are still relatively limited. As in Indonesia, research reports on the use of CAM are still challenging to find online, although data from the 2013 Basic Health Research shows that in Indonesia, 30.4% of households use traditional health services. However, in Indonesia, almost no studies have been reported examining the use of CAM, especially in cancer patients (Azhar, Achmad, Lukman, Hilmanto, & Aryandono, 2016).

A study was conducted on healthcare providers in Indonesia and the Netherlands. This study explores the CAM perspective of healthcare providers involved in the care of pediatric cancer survivors. The points studied are related to health beliefs, components of CAM, attitudes towards the use of CAM, and knowledge about CAM. The results conclude that Indonesian healthcare providers generally have a more positive perspective on CAM than their Dutch counterparts. Health professionals in the Netherlands and Indonesia consider their knowledge of CAM inadequate. Therefore, healthcare providers are advised to learn more about CAM, acknowledging its everyday use among children with cancer. Educational programs about CAM need to be provided according to the needs of the health profession (Gunawan et al., 2016). Similar studies were also conducted to explore nurses' knowledge and attitudes toward the use of (CAM) cancer patients. The thematic analysis results identified that nurses had limited knowledge about CAM. Nurses were skeptical of CAM and lacked the confidence to recommend its use. Four main themes emerged: Understanding of CAM, indecisiveness, personal experience, and preferences in learning about CAM. There is a need to integrate CAM topics into nursing education programs to develop nurses' knowledge and build positive attitudes toward the use of CAM. Sufficient knowledge and a positive attitude toward CAM will support the safety and quality of care in managing patients with cancer (Christina, Abigail, Cuthbertson, & Whitehead, 2019).

Research in Jakarta on parents who used CAM for their children with cancer resulted in an exciting discussion. The researcher proposes that health professionals be aware of alternative medicine in children with cancer and provide adequate information to parents about the effectiveness and detrimental effects of alternative medicine (Karningsih, Herlyssa, and Jomima, 2014). Research conducted on cancer patients who underwent radiotherapy provided data on 55.67% of those who underwent radiotherapy at Dr RSUD. Kariadi Semarang uses at least one type of CAM. There were no patient demographics associated with the use of TCAM. Most of the information about the TCAM used by the patient (40.74%) came from the patient's friends. The most frequently used types of TCAM were vitamins, minerals, oils, and herbs (83.33%). Most (62.96%) patients using CAM did not inform their doctor about using CAM. Most (72.22%) patients using CAM have family members or friends who also use it. This study concluded that CAM use in cancer patients who underwent radiotherapy was higher than in those who did not use it (Ryamizard, Nawangsih, & Margawati, 2018). The research results above show that the Indonesian people are pretty familiar with and widely use CAM for treatment. However, this is not matched by modern medicine's knowledge and positive attitude to support the use of CAM. The application of complementary-alternative therapies has been regulated by a set of regulations, in reality, there are still many modern medical practitioners who have not been able to accept this method so patients who use it often without adequate understanding of the effects and risks.

The discourse on the use of CAM

The use of CAM has an increasing trend in society, but how does modern medicine respond to the development trend of society to switch to complementary-alternative medicine? Research in the United Kingdom conducted on doctors on complementary-alternative medicine results in three groups: enthusiastic, skeptical, and hesitant. The skepticism is mainly due to the lack of belief that complementary-alternative medicine methods can give positive results (Maha and Shaw, 2007). A critical review study of physicians' knowledge, use, and attitudes towards complementary medicine. The results showed that doctors have an interest in complementary medicine. However, doctors also have several concerns about the lack of evidence of the effectiveness of treatment, the possibility of harmful effects, inadequate knowledge of doctors, and the lack of laws and regulations governing these complementary therapies (Botting & Cook, 2000). A study conducted on rehabilitation physicians in Australia reported that almost all rehabilitation patients used CAM therapy. However, only a tiny proportion of rehabilitation physicians inquired about the regular use of CAM. This study proposes that more time be devoted to training in evidence-based CAM therapy in the education of rehabilitation physicians so that communication with patients regarding the use of CAM can be further enhanced (Mak, Mak, Shen, & Faux, 2009).

Similar studies conducted on physicians in California revealed that concerns about medical professional norms limited physicians' use or recommendation of CAM in practice. Sixty-one percent of physicians did not feel sufficiently knowledgeable about the safety or efficacy of CAM, and 81% would like to receive further education about CAM modalities (Milden & Stokols, 2004). The study, conducted at the Mayo Clinic Rochester, USA, aimed to evaluate physicians' attitudes at an academic medical center towards CAM and assess physicians' basic knowledge of standard CAM therapies. Of the 233 physicians who responded to the survey, 76% never referred patients to a CAM practitioner. However, 44% stated that they would refer patients if a CAM practitioner were available at their institution. Fifty-

seven percent of physicians thought incorporating CAM therapy would positively impact patient satisfaction, and 48% believed that offering CAM would attract more patients. Most physicians agree that some CAM therapies hold promise for treating symptoms or diseases, but most feel uncomfortable counseling their patients about most CAM treatments. A prospective randomized controlled trial is considered an adequate procedure to provide the scientific evidence needed by most clinicians to consider incorporating CAM therapy into their practice. This study highlights the importance of education and providing clinicians with readily available access to evidence-based information about CAM (Wahner-Roedler et al., 2006).

Why is CAM seen as the opposite of modern medicine? In the agenda of modernism, modern medical science has turned into a science, which is assumed to have the potential and obligation to reveal scientific rules regarding the body. Medical science relies on scientific evidence, so empirical evidence is one of the keywords in modern medicine. Medical interventions are meant to be rational and measurable. Clinical decision-making is processed and begins to be constructed on the truth and knowledge that comes from science based on rationality. At the heart of clinical decisions is the modernist belief that decisions for therapy can be based on an objective understanding of universal reality. The formation of hegemony from evidence-based medicine occurs in this field. Evidence-Based Medicine (EBM) is defined as the best integration of research evidence conducted with clinical expertise and patient values/conditions. Research evidence is defined and arranged hierarchically in an evidence pyramid. The higher the position of the research type at the pyramid level, the more valid the research results can be recognized as evidence of the efficacy and safety of a type of treatment. The use of safe and effective treatment, which is based on unpublished historical evidence or experience, may not provide the evidence needed to qualify as a scientifically accepted type of treatment (Yakoot, 2013). The results of EBM, which is considered a rational science, are pretty rigorously adopted blindly in all conditions, without considering geographical, historical, cultural, and economic factors, which can lead to bias in its implementation. Multinational companies compete to create the highest evidence supporting the brands they produce (Yakoot, 2013). This medical epistemological approach that generalizes research results to all population members is a weakness of modern medical science. In reality, there are always anomalies that must receive special attention. The lack of scientific evidence of complementary-alternative medicine is not evidence of its lack of efficacy and efficacy.

The weakness of the development of Indonesian Traditional Health so far is that it is stuck only on product development. In the end, the products developed are "forced" into the conventional medical paradigm, which ultimately has difficulty getting recognition from the conventional medical profession. This is understandable because of the philosophical differences between conventional medicine and traditional medicine. Conventional medicine has a materialistic and reductionist philosophy, while traditional medicine has a holistic and cybernetic philosophy. The research community in alternative medicine has grown in recent years, it is beginning to ask questions like these, and qualitative and ethnographic research provides powerful tools in this endeavor. Ethnographic research in alternative medicine is used as a challenge to the hegemony of scientific biomedical evidence construction. The introduction of ethnographic forms of evidence that represent the experiences of users and therapists from the alternative medicine community acts as a critique of biomedical evidence. Thus, anthropological evidence can be used to open a debate about what should be measured as evidence for the efficacy of alternative medicine and whether one should measure its effectiveness.

Conclusion

The use of CAM by cancer patients in Indonesia shows an increase. However, conventional health practitioners still turn a blind eye to this treatment method. The main reason is that there are doubts about the results of CAM that can be justified according to biomedical disciplines. Conventional medical treatment or modern medicine and complementary-alternative medicine have different philosophical foundations. More studies on the use of CAM for cancer patients in Indonesia need to be carried out using research methods that are more appropriate and can provide a complete picture of the efficacy of CAM.

Author's declaration

The authors made substantial contributions to the conception and design of the study and took responsibility for data analysis, interpretation, and discussion of results. For manuscript preparation, all the authors read and approved the final version of the paper.

Funding

None declare.

Availability of data and materials

All data are available from the authors.

Competing interests

The authors declare no competing interest.

Acknowledgments

The author thanks people for their support and motivation during the study.

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