

NATURAL HEALTH PRODUCTS, CANCER, AND PALLIATIVE CARE - A LIGHT AT THE END OF THE TUNNEL

Doreen Oneschuk, MD

Tertiary Palliative Care Unit, Grey Nuns Hospital

Complementary therapies, including natural health products (NHPs) such as herbal preparations, continue to be used by patients with cancer including those in advanced stages (1,2). Patients may take them with the intent to cure their cancer, or more frequently, alleviate troublesome symptoms directly associated with their cancer or their cancer therapies (3). Patients are often encouraged by family to use complementary therapies or are influenced by the overwhelming and often persuasive complementary therapy content on the Internet and by advice provided by complementary practitioners.

A cancer patient's use of herbal products can be distressing for the patient's health care providers who are often wary of their use for reasons including the favoring of herbal preparations over conventional therapies resulting in suboptimal symptom control, concern regarding product content and quality, and risk for side effects. Despite a slow but gradual improvement in research and reliable literature on NHPs, much remains unknown about herbal products, particularly in regards to herbal-herbal and herbal-conventional drug interactions.

The following case will serve to highlight these concerns: A young man with metastatic cancer is admitted to a tertiary palliative care unit with pain and nausea and vomiting. He is very cachectic with a Palliative Performance Scale of 20 percent (4). His family is a strong proponent of herbal therapies that they hope they will provide a cure. They are leery of conventional therapies stating that many of recommended medications including, the patient's strong opioid, are generating new symptoms or exacerbating those already present. The family and a naturopath encourage the patient to regularly take a mixture of Chinese herbs and the patient appears quite willing to oblige. The family provides the physician staff with a list of the known contents of the bottle of herbs; three ingredients are listed. Following a search of reputable herbal websites, the characteristics of, indications for use, and side effects, can only be identified for one herb. The physician staff inform the patient and family of their concerns regarding the potential for lack of standardization and quality control measures in preparation of the herbs, potential innate side effects of the herbs, and the risk of herb-drug interactions. While interest is shown, a member of the family expresses limited concern about the quality of the herbs because the naturopath compounded them. The patient continues to receive herbal therapies until his death on the unit.

While aspects of this case, as they pertain to the use of herbal products, are disconcerting, there is reason for celebration. This comes in the form of new NHP Regulations from Health Canada that came into place in January 2004. While still allowing for patient autonomy in choosing these products, the new regulations will require that NHPs be regulated for safety, quality, and efficacy. Requirements will be placed on those who manufacture, package, label, import or distribute NHPs; site licensing and adherence to good manufacturing practice will be required. Labeling of all products that accurately describe the contents and their use will be mandatory. Health claims associated with a

product will need to be supported by reliable evidence and adverse reporting will occur particularly in association with clinical trials. These changes will be phased in over a six year period. A Natural Health Products Research Program was also established last year. The purpose of this program is to stimulate natural health product research and direct funding to research interest and activities related to the regulatory function of the Natural Health Products Directorate.

I find these regulations most timely and welcome. For more detailed information on the new regulations go to: www.hc-sc.gc.ca/hpb/onhp

References:

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