

EVALUATING THE EFFICACY OF MASSAGE IN CANCER CARE

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Approximately a third of patients with cancer use complementary/alternative medicine during their illness (Ernst & Cassileth 1998). Massage is one of the most commonly provided within UK cancer services (Kohn 1999). Anecdotal and qualitative evidence indicates that massage is perceived by the patient as positive and beneficial. Several small-scale studies amongst patients with cancer have identified short-term benefits from a course of massage, in terms of reduced anxiety (Corner et al 1995, Wilkinson et al 1999, Kite et al 1998). These studies have however been criticised because they were either non-randomised, had inadequate control groups or were observational in design (Cooke & Ernst 2000). The medical scientific community and complementary therapy communities have been critical of one another's approach. Complementary therapy practitioners have criticised medical research for not being sufficiently holistic in approach, focusing on efficacy of treatments in terms of tumour response and survival, rather than quality of life. They have also argued that medical research minimises individual variations in therapy practice, thereby minimising one of the fundamental strengths of complementary therapies. The RCT is considered an artificial approach to evaluation because of the selective criteria for participation in the trial, which means that the participants are not representative of service recipients. Criticisms by the medical community of complementary therapy include the lack of robust evidence that such therapies confer benefit. Also, in the past particularly, there have been unsubstantiated claims of medical and survival benefit from complementary/alternative therapies. This paper will draw on the difficulties and lessons learnt from undertaking a randomised controlled trial to evaluate the effects of massage for patients with cancer and discuss the benefits of other methodologies that could be used.