Commentary

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This study by Boon et al offers insight into the process women used to make decisions about CAM in a time of increased publicity and attention to CAM treatments. Data were generated in focus groups with a fairly homogeneous group of white middle to upper middle class women. Other demographic information, such as education level or marital status, was not provided. These findings may not apply to women who differ from those included here. The careful process of data collection and analysis, however, strengthens the results.

One important aspect of this study is that all of the participants at least considered CAM as an adjunct to their treatment. The authors developed a model that identifies the complexity of the individual decision-making process. This model may be helpful for those working with breast cancer survivors to understand and support their process of discovery.

We cannot assume that all women with cancer will consider CAM. This study highlights, however, the need for health care professionals to know about CAM practices in order to provide comprehensive and holistic care. Participants who elected not to pursue CAM were presented as mostly having "risk awareness," whereas those who used CAM were identified in part as feeling "that they had nothing to lose." Treatments considered by the participants were mostly those involving ingested substances, such as herbs and other supplements, which indeed might have potential risks. It is important to assist clients in all aspects of their decision making. CAM treatments described as having no inherent risk (such as energy-based therapies) may not fit this model of risk awareness.