

INTERVIEW //

The Integrative Oncologist

■ BY ADAM BAER

06

During the past 25 years, as mounting research has demonstrated the efficacy of treating patients with means that go beyond a standard physician's prescription, "integrative medicine" departments have appeared in 56 U.S. academic medical centers and dozens of hospitals. Donald Abrams, who straddles conventional oncology (as chief of oncology at San Francisco General Hospital) and integrative methods (as a practitioner at the Osher Center for Integrative Medicine at the University of California, San Francisco), explains the value of the combination.

Q: What is integrative medicine, and how is that different from alternative medicine?

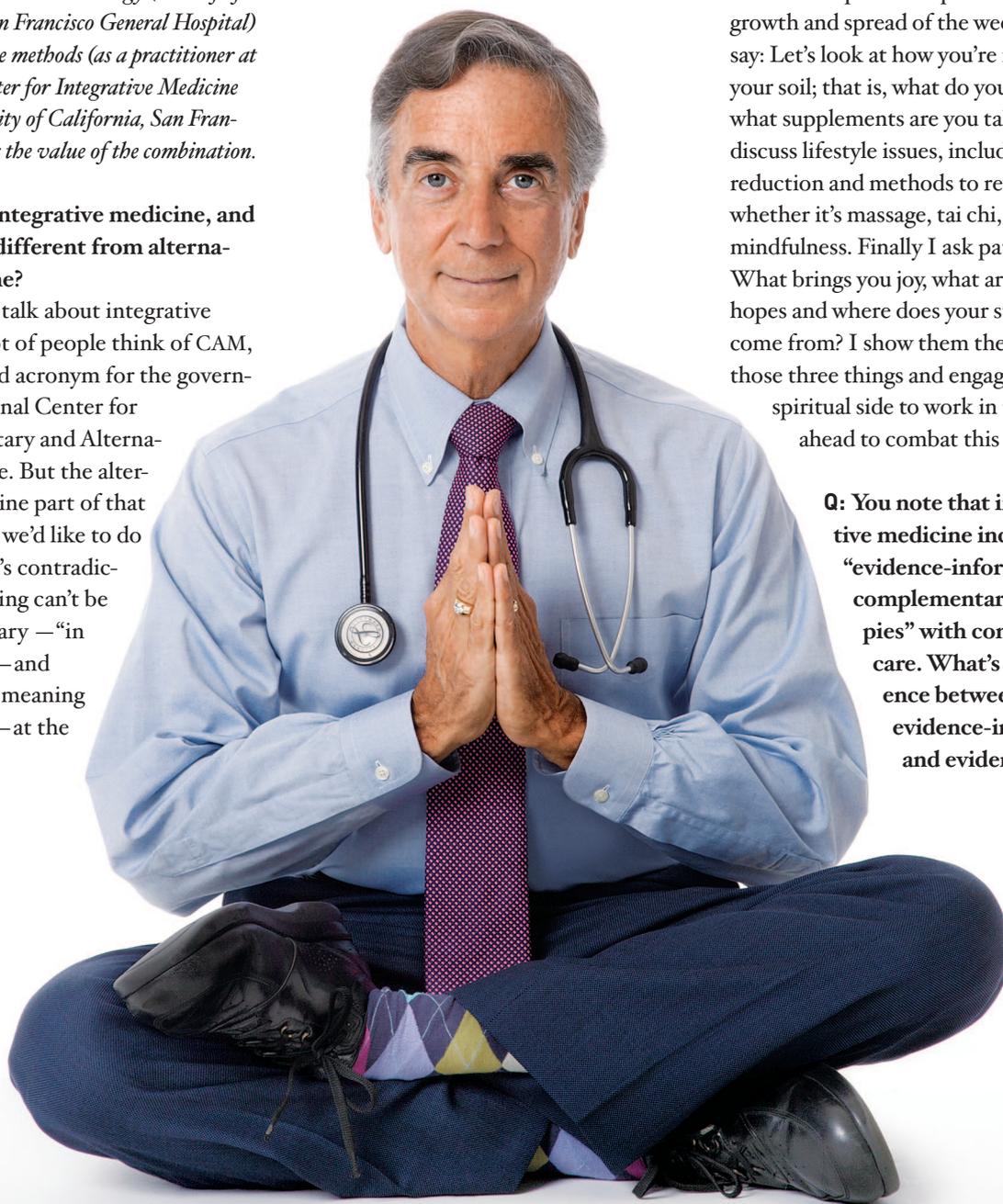
A: When we talk about integrative oncology a lot of people think of CAM, the shortened acronym for the government's National Center for Complementary and Alternative Medicine. But the alternative medicine part of that is something we'd like to do away with. It's contradictory. Something can't be complementary — "in addition to" — and alternative — meaning "instead of" — at the same time.

Q: Where does a typical oncologist's job leave off and an integrative practitioner's begin?

A: At the Osher Center, I see patients whose cancer is being treated by somebody else. I spend an hour with new patients, trying to understand how

a patient's diagnosis and treatment plan affect his or her life and family. I tell the patient that cancer is like a weed. The oncologist is taking care of your weed — providing chemotherapy, surgery, radiation — whereas it's my job to work with the garden and make your soil as inhospitable as possible to the growth and spread of the weed. Then I say: Let's look at how you're fertilizing your soil; that is, what do you eat and what supplements are you taking? I discuss lifestyle issues, including weight reduction and methods to reduce stress, whether it's massage, tai chi, yoga or mindfulness. Finally I ask patients: What brings you joy, what are your hopes and where does your strength come from? I show them they still have those three things and engage their spiritual side to work in the voyage ahead to combat this disease.

Q: You note that integrative medicine incorporates "evidence-informed complementary therapies" with conventional care. What's the difference between evidence-informed and evidence-based?



A: “Evidence-informed” is a more realistic appraisal of the evidence we often work with; we don’t always have randomized placebo-controlled, double-blind trials to provide us with the degree of certainty we want. In oncology you’re often dealing with people who don’t have time to wait. Cancer patients are seeking ways to improve their prognosis and maintain

Research Fund/American Institute for Cancer Research guidelines, which encourage avoiding sugar and red meat, and eating more fruits, vegetables and whole grains.

Q: Can we say that integrative medicine includes medical marijuana?

A: Certainly, in my practice it does. In California, where medical marijuana

■ Cancer is like a weed. It’s my job to work with your garden and make your soil as inhospitable as possible.

disease-free survival, and to counteract side effects. The most successful diagnoses treated with integrative medicine include chronic pain, anxiety, stress and depression. For me, the most significant intervention is nutritional.

Q: Why?

A: Patients ask their oncologists what to eat, and oncologists often respond that it doesn’t matter—or eat what you want. Worse, some radiation oncologists may say, eat only “white foods,” which are low in antioxidants, out of concern that antioxidants will interfere with treatment. I believe that concern is unfounded. I endorse the broad guideline to eat an organic, plant-based, antioxidant-rich, anti-inflammatory whole foods diet, even during treatment. I also follow very closely the World Cancer

has been legal since 1996, a day doesn’t go by when I don’t recommend it. Cannabis is the only antiemetic that also increases appetite. In research I’ve demonstrated that cannabis is useful for HIV-related nerve damage. I’ve also conducted research demonstrating that patients adding cannabis to opioids experience increased pain relief. Cannabis also helps people sleep, and it’s a mood elevator for some. A patient would get five different prescriptions from his oncologist for those problems. And it’s a medicine patients can grow. When I ask patients what brings them joy, the number who say that gardening brings them joy is not insignificant. I think that’s understandable—if you feel that a part of you is dead or that you are dying, the ability to bring life out of the ground is a mitzvah. ■

BY THE NUMBERS //

Worth Its Salt

0.9 Percentage of sodium chloride making up saline solution used commonly in intravenous infusion

308 Osmolarity of normal saline, which effectively mimics the osmolarity of body fluids (280–300)

1831 Year when physicians began to experiment with saline solution to treat the severe dehydration that resulted from the blue cholera epidemic sweeping across Europe

2.6 Rough number of liters of fluid an average adult living in a temperate climate needs per day to maintain normal hydration

2 Approximate number of teaspoons of table salt in one liter of saline solution

1 Volume, in liters, of a typical saline IV bag used for rehydrating adults

432,267 Number of normal saline IV bags [of various sizes] used annually at Massachusetts General Hospital (approximate)

4 Recommended number of saline IV bags (or bags of a similar solution) to be carried by each ambulance according to the American College of Surgeons and other medical governing bodies

1.5 Hours required to turn drinking water into saline solution using special hardware in space; standard IV fluid bags are costly to send and difficult to keep from spoiling on long space missions

3 Days a British teen who got lost in the Australian outback without food and water survived by drinking his contact lens saline solution ■

07