Les approches complémentaires et alternatives en fin de vie

Andréanne Côté

Le 7 juin 2013, Montréal

Déclaration de conflits d'intérêt réels ou potentiels

Je n'ai aucun conflit d'intérêt réel ou potentiel.

Objectifs de la présentation

- Définir le domaine des thérapies complémentaires et alternatives (TCA)
- Décrire l'impact de modalités thérapeutiques spécifiques en soins palliatifs
- Discuter des limites méthodologiques impliquées dans l'étude des TCA
- Visiter des modèles existants où l'intégration est possible

DÉFINITION TCA

- Ensemble de méthodes utilisées en complément à la médecine conventionnelle qui cherchent à **identifier**, **soulager** et **prévenir** une situation d'inconfort, afin de rétablir un **état d'équilibre** et un sentiment d'**intégrité** personnel.

Traduction libre inspirée de Ernst E, BR Cassileth. The prevalence of complementary alternative medicine in cancer: a systematic review, *Cancer,* 1998; 83: 777.

- Dans le même esprit…
  - Médecine intégrative
  - Soins holistiques
  - Paradigme du *Whole Person Care*

CATÉGORIES TCA (CASSILETH, 2004)

- Diète & Nutrition
  - Vitaminique
  - Macrobiotique
  - Détoxifiante
- Thérapies corps/esprit
  - Méditation
  - Yoga
  - Hypnothérapie
- Traitements biologiques
  - Thérapies enzymatiques
  - Cartilage de requins
- Thérapies manuelles
  - Acupuncture
  - Massothérapie
- Herboristerie
  - Aromathérapie
- Système alternatif
  - *Ayurveda*
  - Médecine chinoise
- Homéopathie & Réflexologie
- Électromagnétisme

Les utilisateurs (Armstrong, Correa, Yates, Tilden)

- 38% de la population générale (NHIS, 2007)
  - Entre 9 et 83%[31%]des patients avec tumeur solide
- Femmes > Hommes
  - Plus jeune âge
  - Meilleur revenu
  - Niveau d'éducation plus élevé
- De façon plus importante, mais non significative:
  - Niveau d'anxiété ↑
  - Niveau de douleur ↑
  - Sentiment de bien-être ↓
  - Niveau de satisfaction ↓ à l'égard des médecines conventionnelles

L'UTILISATION DES TCA (OH, 2010)

Table 2 Complementary and alternative medicine (CAM) therapies used by cancer patients

Therapy	Patients who used CAM ($n = 248$)†	Percentage of CAM used
Biologically based therapies		
Nutritional supplements (e.g. vitamins, minerals, enzymes, antioxidants)	179	47
Special diet & foods (e.g. macrobiotic, Gerson, Gawler, Pritikin, vegetarian, juicing)	77	20
Chinese herbal medicine	46	12
Western herbal medicines (e.g. Bach plants, Essiac, Iscador [mistletoe])	22	6
Homeopathy	17	4
Shark cartilage	13	3
Colonic irrigation	4	1
Laetrile or amygdalin	3	1
Ozone therapy	1	
Non-biologically based therapies		
Prayer or spiritual practices	86	23
Meditation, imagery or visualisation	71	17
Massage	57	15
Yoga	33	9
Acupuncture	32	8
Tai Chi and Qigong	30	8
Progressive muscle relaxation	29	8
Other	19	5
Aromatherapy	17	4
Art, music or dance therapy	17	4
Chiropractic manipulation	17	4
Reiki	13	3
Reflexology	11	3
Osteopathic manipulation	8	2
Hypnosis	4	1

†Respondents were asked to tick more than one item if appropriate.

Tiré de Oh B, *et al*. The use and perceived benefits resulting from the use of complementary and alternative medicine by cancer patients in Australia, *Asia–Pacific Journal of Clinical Oncology,* 2010; 6: 345.

L'UTILISATION DES TCA (OH 2010, SMITHSON 2012)

RAISONS RAPPORTÉES POUR UTILISER LES TCA EN ONCOLOGIE
Amélioration de la **qualité de vie**
Amélioration du **système immunitaire**
Amélioration des **symptômes** associés au cancer
Diminution de la **toxicité** associée aux traitements oncologiques
Amélioration de la **survie**
Diminution des **douleurs**
Prévention des **rechutes**
Effet **anti-cancer** direct
Insatisfaction face à la médecine conventionnelle
Augmentation du sentiment de **contrôle**

L'Hypnothérapie

Théorie psychologique existentialiste

- *Chacun est libre et capable de choisir et de créer sa propre existence, de structurer sa destinée, de contrôler ses réactions face à l'adversité, incluant la réaction face à sa propre mort.*

Frankl, Binswanger, Tillich, May, Heidegger

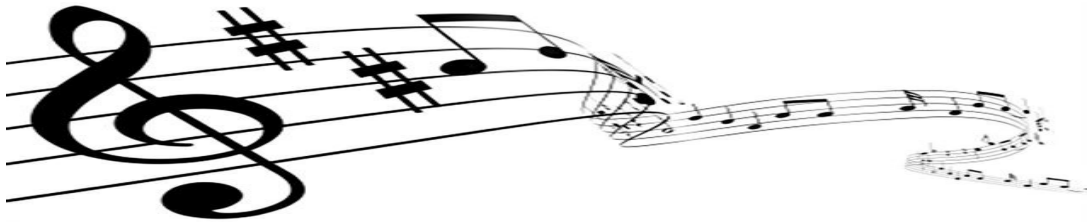
Bénéfices rapportés (Iglesias 2004, Marcus 2003)

- Gestion de la douleur complexe
- Sensation de dyspnée
- Effets secondaires de la chimiothérapie
  - Nausées et vomissements
- Détresse psychologique
  - Anxiété et symptômes dépressifs
- Souffrance existentielle
  - Résolution de conflits intra et interpersonnels
  - Briser le sentiment de solitude et d'isolement
  - Estime de soi & stratégies de *coping* améliorées
- Amélioration de la qualité de vie globale

La Musicothérapie

MUSICOTHÉRAPIE (LEWIS 2003, STILLWATER-KORNS 2006)

- Vise le confort à travers l'expression…
  - Émotions et sentiments
  - Besoins spirituels
  - Créativité
- Peut mener à un état d'acceptation et de résilience
  - Facilite le passage, le lâcher prise
- Importance de la trace laissée à travers l'œuvre
  - Pouvoir réconciliateur



LA MÉDITATION ET LE YOGA

Le MBSR

- Créé au Massachussets (‘79) - Jon Kabat-Zinn
  - Groupe de 30 personnes
  - 8 à 10 séances hebdomadaires (90 à 150 min)
  - 1 séance intensive (7h à 8h)
  - Pratiques individuelles (45 min) encouragées
- Intégration de techniques de :
  - Méditation
  - Rotation de la conscience
  - Hatha yoga
- Programme basé sur la méditation de la pleine conscience
  - Intègre aussi MBCT

REVUE DE L'IMPACT PSYCHOLOGIQUE

Table 3. Use of Instruments in Studies of Mindfulness Meditation

Instrument and Studies	Timing of Postintervention Measurement	Findings
Profile of Mood States (POMS)		
Speca et al., 2000	Week 7, immediately after intervention completion	Significant decrease in mood disturbance occurred in experimental group.
Carlson et al., 2001	Six months after intervention completion	Decrease in mood disturbance was maintained, but no significant improvements were observed.
Brown & Ryan, 2003	Week 8, right after intervention completion	No significant changes were observed for mood scores.
Carlson et al., 2003	In the beginning of the week after intervention completion	No significant changes were observed for mood scores.
Shapiro et al., 2003	One week, three months, and nine months after intervention completion	This study used POMS to measure the control variables, not to compare the pre- and postintervention change.
Symptoms of Stress Inventory		
Speca et al., 2000	Week 7, right after intervention completion	Significant decrease in stress symptoms occurred in the treatment group.
Carlson et al., 2001	Six months after intervention completion	Decrease in stress symptoms was maintained, but no significant improvements were observed.
Brown & Ryan, 2003	Week 8, right after intervention completion	Significant decrease in stress symptoms. Higher levels of mindfulness were related to lower levels of stress both before and after the mindfulness-based stress reduction (MBSR) intervention.
Carlson et al., 2003	In the beginning of the week after intervention completion	Significant decrease in stress symptoms was associated with MBSR.
State-Trait Anxiety Inventory		
Shapiro et al., 2003	One week, three months, and nine months after intervention completion	This study measured anxiety as the control variable and did not compare the pre- and postintervention change.
Tacon et al., 2004	Week 8, immediately after intervention completion	Significant decrease in state anxiety scores
Tacon et al., 2005	Week 8, immediately after intervention completion	Significant decrease in state anxiety

Tiré de Matchim Y, *et al*. Measuring the psychological impact of mindfulness meditation on health among patients with cancer: a literature review, *Oncol Nurs Forum*, 2007; 34(5): 1059-1066.

REVUE DE L'IMPACT PHYSIQUE

Table 1. Studies of MBSR Among Breast and Other Cancer Survivors

Study	Participants	Design	Measure and Effect Size	Findings
Breast Cancer Only				
Dobkin, 2008	13 Canadian women with breast cancer who had completed medical treatment	Mixed method using quantitative and qualitative approaches	CES-D (0.655), Medical Symptom Checklist (0.904), Perceived Stress Scale (1.1), Sense of Coherence (0.44), Mindful Attention Awareness Scale (0.562), and Coping With Health Injuries and Problems (0.27)	Significantly improved in the use of palliative coping and mindfulness and decreased in perceived stress and medical symptoms. Qualitative themes were reported as acceptance, regaining and sustaining mindful control, taking responsibility for what could change, and spirit of openness and connectedness.
Hebert et al., 2001	157 U.S. women with stage I or II breast cancer	A randomized, controlled trial concerning a nutrition education program (n = 50), an MBSR clinic program (n = 51), and usual care (n = 56). Follow-up measurement was conducted at 12 months.	Total energy, total fat, complex carbohydrates, fiber, body mass, Beck Depression Inventory, self-esteem scale, general symptom checklist, and seven-day diet recall[a]	The nutrition education program group experienced a large reduction in fat consumption at 4 months, and much of this reduction was preserved at 12 months, whereas no change was found in either the stress reduction or usual care groups. A 1.3 kg reduction in body mass was evident at 4 months in the nutrition education group, whereas no change was observed in the stress reduction and usual care groups. The stress reduction group did not receive information about selecting and preparing food. Psychological outcomes were measured, but results were not discussed or reported.
Lengacher et al., 2009	84 U.S. women with stage 0–III breast cancer	A randomized, controlled trial focusing on MBSR (n = 41) and usual care (n = 43) groups	STAI, Concerns About Recurrence Scale, CES-D, Life Orientation Test, Perceived Stress Scale, Medical Outcomes Studies Short Form General Health, and Medical Outcomes Social Support Survey on Spirituality[a]	The MBSR group had significantly lower adjusted mean levels of depression, anxiety, and fear of recurrence, along with higher energy, physical functioning, and physical role functioning. More compliance with MBSR was associated with improvements in energy and physical functioning.
Shapiro et al., 2003	63 U.S. women with stage II breast cancer	Randomized, controlled trial of MBSR (n = 31) and free choice (n = 32) groups	POMS, Beck Depression Inventory, Penn State Worry Questionnaire, STAI, FACIT–Breast, Shapiro Control Inventory, Sense of Coherence, and a sleep diary[a]	Significant improvement on daily diary sleep quality was found in both MBSR and free choice; neither improved on sleep efficiency. Greater mindfulness practice was associated with higher sleep quality.
Tacon et al., 2004	27 U.S. women with breast cancer	One-group pre- and post-test design	Self-rated stress (1.657), STAI (1.408), Mental Adjustment to Cancer Scale (0.328), and Multidimensional Health Locus of Control Scale (0.467)	Significant decreases were observed on stress and state anxiety as well as significant improvement for mental adjustment to cancer and health locus of control.
Tacon et al., 2005	30 U.S. women with breast cancer	One-group pre- and post-test design	STAI (1.36), Problem-Focused Styles of Coping (0.422), and Mental Adjustment to Cancer (0.33)	Significant decreases were observed on anxiety, reactive and suppressive coping styles, as well as two scales of mental adjustment: helpless hopelessness and anxious preoccupation.

Matchim Y, *et al*. Mindfulness-based stress reduction among breast cancer survivors: a literature review and discussion, *Oncol Nurs Forum*, 2011; 38(2): E61-E71.

REVUE DE L'IMPACT PHYSIQUE

Table 1. Studies of MBSR Among Breast and Other Cancer Survivors *(Continued)*

Study	Participants	Design	Measure and Effect Size	Findings
Carlson & Garland, 2005	63 Canadian patients with heterogonous types and stages of cancer, predominantly breast cancer	One-group pre- and post-test design	Pittsburgh Sleep Quality Index (0.602), SOSI (0.437), and POMS (0.573)	Significant decreases were reported on overall sleep disturbance, stress, mood disturbance, and fatigue. Changes in stress and mood disturbance were associated with fatigue.
Garland et al., 2007	104 Canadian patients with heterogonous types and stages of cancer, predominantly breast cancer. Participants were self-selected to 8 weeks of MBSR (n = 60) or 6 weeks of Healing Through the Creative Arts (n = 44)	Nonrandomized comparison design	**Between groups:** PTGI-R (0.459), FACIT–Spiritual Well-Being (0.443), SOSI (0.414), and POMS (0.461) **Pre- and post-MBSR:** PTGI-R (0.282), FACIT–Spiritual Well-Being (0.408), SOSI (0.496), and POMS (0.441)	Participants in both groups improved significantly over time on overall post-traumatic growth. Participants in the MBSR group improved on measures of spirituality, anxiety, anger, overall stress symptoms (in the SOSI), and overall mood disturbance (in the POMS) more than those in the healing group.
Kieviet-Stijnen et al., 2008	47 patients with cancer, predominantly breast cancer, from the Netherlands	One-group pre- and post-test design and follow-up at 12 months	VAS (0.439, 0.465), Rotterdam Symptom Checklist (0.36, 0.4), POMS (0.286, 0.596), Health and Disease Inventory (0.25, 0.533), and a self-report scale measuring experienced meaning in life (0.00, 0.2)[a]	Significantly improved on quality of life, more joy in life, less tension, and fewer physical symptoms. A year later, a decrease was found in depression, anger, vigor, and total mood disturbance. No changes could be found for meaning in life and fatigue.
Speca et al., 2000	90 Canadian patients with heterogonous types and stages of cancer, predominantly breast cancer, taking part in MBSR (n = 53) or being placed on a wait list (n = 37)	Randomized, wait-list, controlled clinical trial	**Between groups:** POMS (0.819) and SOSI (0.607) **Pre- and post-MBSR:** POMS (0.717) and SOSI (0.782)	The MBSR group had significantly lower scores on total mood disturbance and subscales of depression, anxiety, anger, and confusion and more vigor than control subjects, and also had fewer overall symptoms of stress, fewer cardiopulmonary and gastrointestinal symptoms; less emotional irritability, depression, and cognitive disorganization; and fewer habitual patterns of stress.

Matchim Y, *et al*. Mindfulness-based stress reduction among breast cancer survivors: a literature review and discussion, *Oncol Nurs Forum*, 2011; 38(2): E61-E71.

La Massothérapie

Revue de littérature et Effets de la massothérapie

Table 1 Controlled studies of massage

Author	Analysis sample	Treatment	Control	Immediate effects[a]		Longer-term effects[a]	
Ahles, US, 1999	33 bone marrow transplant patients during 3-week hospital stay (random assignment to treatment or control)	Nine 20-min upper-body massages	Nine 20-min quiet times	↓ blood pressure	√	↓ anxiety	√
				↓ anxiety	√		
				↓ emotional distress	√		
				↓ nausea	√		
				↓ heart rate	×	↓ depression	×
				↓ respiration rate	×	↓ mood disturbance	×
				↓ pain	×		
				↓ fatigue	×		
Smith, US, 2003	63 bone marrow transplant patients (random assignment to treatment or control)	30-min massage every third day during hospitalization	30-min friendly visit every third day during hospitalization			↓ neuro complications	√
						↑ comfort benefit	√
						↓ other complications	×
						↑ affective benefit	×
Post-White, US, 2003	164 outpatients during 8 weeks of chemotherapy (Random assignment to treatment or control; each patient also received 4 weeks of standard care)	One 45-min massage each week for 4 weeks; standard care for 4 weeks	One 45-min session of caring presence for 4 weeks; standard care for 4 weeks	↓ blood pressure	√	↓ mood disturbance	√[b]
				↓ heart rate	√	↓ anxiety	√[b]
				↓ pain	√	↑ satisfaction with assigned treatment	√
				↓ nausea	×	↓ pain	×
						↓ fatigue	×
						↓ nausea	×
						↑ satisfaction with care	×

Tiré de Lafferty WE, *et al*. Evaluating CAM treatment at the end of life: A review of clinical trials for massage and meditation, Complementary Therapies in Medicine, 2006; 14: 103.

EFFETS DE LA MASSOTHÉRAPIE / SUITE

Table 1 (*Continued*)

Author	Analysis sample	Treatment	Control	Immediate effects[a]		Longer-term effects[a]	
Wilcock, UK, 2004	29 cancer patients in palliative daycare (random assignment to treatment or control)	Weekly 30-min aromatherapy massage for 4 weeks	Standard care			↓ mood disturbance	×
						↑ quality of life	×
						↓ sympt intensity/bother	×
Soden, UK, 2004	36 cancer patients in hospice care (random assignment to 3 groups)	Weekly 30-min back massage with or without essential oil	Standard care	↓ sleep disturbance (no control group for immediate effects)	√	↓ sleep disturbance	√
						↓ depression	√
						↓ pain	×
						↓ anxiety	×
						↓ symptoms	×
						↑ quality of life	×
Wilkie, US, 2000	28 cancer patients in hospice care (random assignment to massage or standard care)	Twice-weekly 30–50 min massages	Standard care	↓ pulse rate	√	↓ pain intensity	×
				↓ respiration rate	√	↑ quality of life	×
				↓ pain intensity	√		
				↓ emotional distress (no control group for immediate effects)	×		

[a] Symbols used: ↓, test was for a decrease in the outcome; ↑, test was for an increase in the outcome; √, statistically significant effect; ×, observed effect not statistically significant.
[b] Significant effect was in comparison with crossover period with standard care; non-significant positive effect compared with attention control condition.
[c] No direct test of differences between groups on change scores; pre-to post-session differences significant for one group and nonsignificant for the other.

Tiré de Lafferty WE, *et al*. Evaluating CAM treatment at the end of life: A review of clinical trials for massage and meditation, Complementary Therapies in Medicine, 2006; 14: 105.

L'Herboristerie

Remèdes utiles à base d'herbes
(Cassileth, 1999)

Inconfort	Herbes recommandées
Anxiété et stress	Thé à la valériane
Dépression	Millepertuis, réglisse noire
Diarrhée	Thé à la menthe
Céphalée	Ail, oignon, graines de tournesol
Brûlure d'estomac	Gingembre, camomille, fenouil, anis ou réglisse noire
Indigestion	Menthe, gingembre, camomille
Nausée	Cannelle, menthe, gingembre

L'AROMATHÉRAPIE

Propriétés des huiles essentielles
(Lewis, 2003)

Mélange	Contenu	Utilisation
Enfant	Lavande-Rose	Souffrance spirituelle
Sérénité	Bergamote-Rose-Santal	Stratégies de *coping* pour les proches
Synergie	Pamplemousse-Mandarine-Lavande	Tristesse et désespoir
Air pur	Citron-Eucalyptus-Thym	Odeur nauséabonde
Bois	Pin-Santal	Crainte, peur et anticipation
Deuil	Rose-Cyprès-Thym-Encens	Deuil
Gelée de confort	Aloès-Camomille-Rose-Santal-Otto	Sécheresse nasale

Critique des TCA et Limites méthodologiques

Les critiques

- Champ large et disparate
- Formation des thérapeutes irrégulières
  - Dérives possibles / Charlatanisme
  - Espoir de guérison miraculeuse
- Coût élevé si non-couvert
- En regard des produits naturels
  - Risque d'interactions
  - Effets toxiques possibles
  - Problème de réglementation
- Méthodologie faible des études

QUESTIONS DE MÉTHODOLOGIE

- Difficultés reliées à la **clientèle**
  - Incapacité / fatigue pour répondre aux questionnaires
  - Pertes au suivi fréquentes
  - Détérioration rapide
  - Petit nombre de cas (***n***)
- Limites des **instruments de mesure**
- Difficultés au **plan éthique**
  - Recrutement et randomisation
  - Consentement libre et éclairé
  - Doutes quant aux bénéfices à court terme
- **Financement** déficient
- Biais de **publication**

Quantitatif ou Qualitatif ?

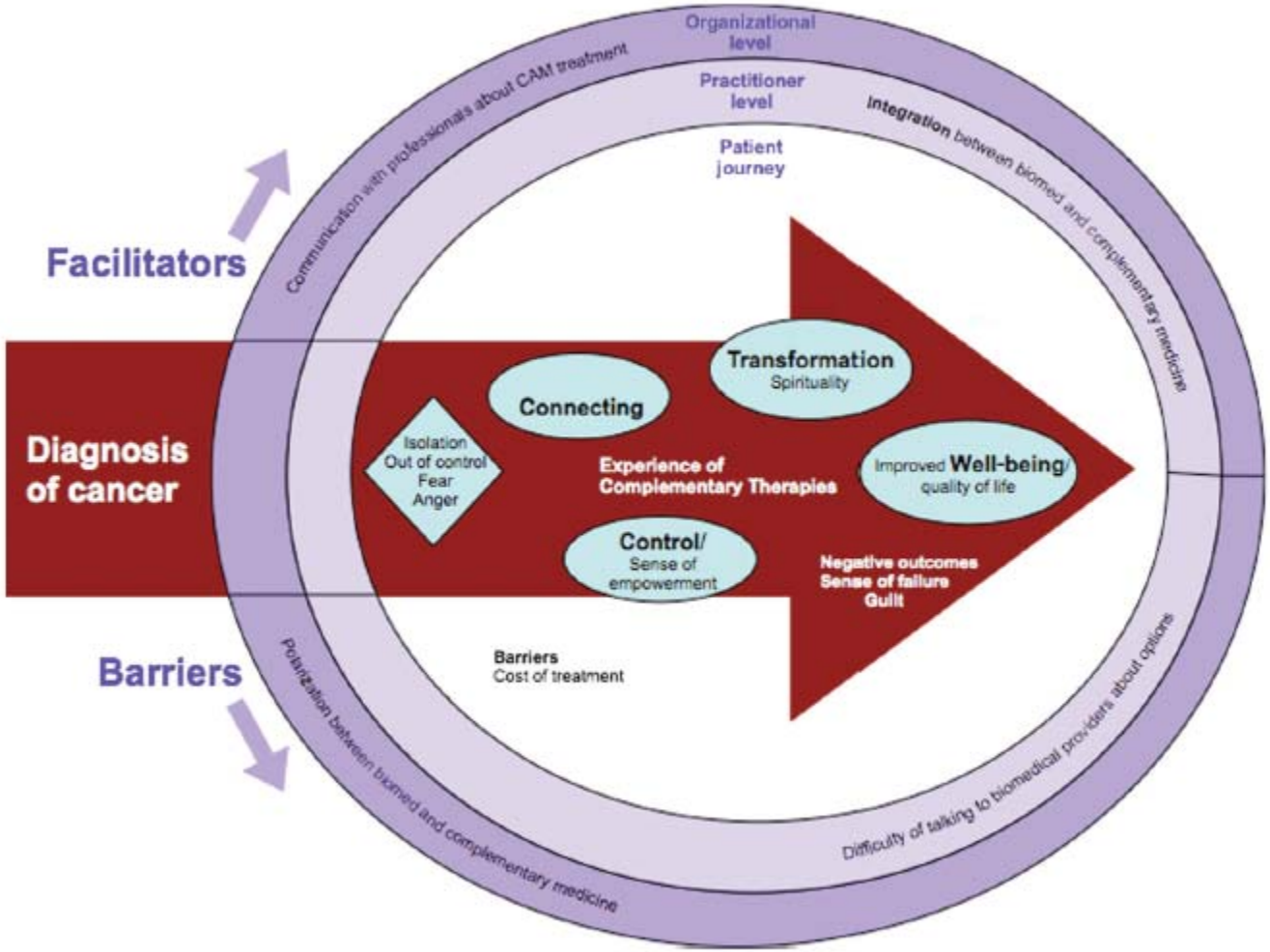
- TCA symbole d'une **contre-culture médicale**
- **Études quantitatives** nous y ramènent
  - Construites dans le but de valider une hypothèse
  - Résultats mitigés
  - Pertinence clinique remise en doute
- **Études qualitatives**
  - Tiennent compte de l'expérience vécue
  - Valorisent l'impact de la relation thérapeutique
  - S'intéressent aux valeurs non-mesurables
  - Ouverture face à l'imprévu
  - Bénéfices immédiats reliés à la narration

L'EXPÉRIENCE D'UTILISATEURS DE TCA

THÈMES ET SOUS-THÈMES PROVENANT DU DISCOURS DES PARTICIPANTS	
Perceptions des processus impliqués	***Perceptions des effets***
Relation thérapeutique • Avoir du temps / être entendu • Basée sur la confiance • Relation égalitaire	Soulagement des symptômes Effet énergisant et relaxant Stratégies de *coping* • Contrôle • Reconceptualisation • Balance • Maintien de la santé Rapports à soi et aux autres • Sentiment d'identité plus fort • Perceptions des autres améliorées
Schémas explicatifs • Approche holistique • Méthode naturelle et traditionnelle • Considération du corps - esprit • Recherche de légitimité	

Tiré de Cartwright T, *et al.* Making Sense of Illness: The Experiences of Users of Complementary Medicine, *J Health Psychol,*2005 10: 562.

Exemple de synthèse conceptuelle



Tiré de Smithson J, et *al*. The experience of using complementary therapies after a diagnosis of cancer: A qualitative synthesis, *Health*, 2012; 16: 28.

Modèles de soins réalisables

MODÈLES POSSIBLES (KOZAK, 2009)

- St.Christopher Hospice, Londres
- Maison médicale Jeanne-Garnier, Paris

- Memorial Sloan-Kettering Cancer Center, NY
- MD Anderson Cancer Center, Texas
- Integrative Medicine Institute for Health & Healing, San Francisco

- McGill Whole Person Care Program, Montréal
- Integrative Health Institute, Calgary

Washington State Hospices

Table 1. CAM Services Offered by Washington State Hospices in 2005 (n = 31)

Service	No. of Hospices Offering Service	Percent
Massage	27	87.1
Music therapy	23	74.2
Energy healing	21	67.7
Guided imagery	14	45.2
Aromatherapy	14	45.2
Compassionate touch	13	42.0
Acupuncture	10	32.3
Pet therapy	10	32.3
Meditation	9	29.0
Other	8	25.8
Art therapy	7	22.3
Reflexology	6	19.4
Hypnotherapy	5	16.1

Abbreviation: CAM, complementary and alternative medicine.

Kozak LE, *et al*. Use of Complementary and Alternative Medicine (CAM) by Washington State Hospices, *Am J Hosp Palliat Care*, 2009; 25: 466.

FONDATION DE LA MAISON Michel Sarrazin

- Centre de jour
  - Bain thérapeutique
  - Accompagnement spirituel
  - Approche ÉCHO
  - Art-thérapie
  - Massothérapie
  - Viniyoga
  - Relaxation
- Maison de soins palliatifs
  - Massothérapie
  - Zoothérapie
  - Musicothérapie
  - Accompagnement spirituel

Pour conclure

CONCLUSION (HUTCHINSON, 2011)

	Hippocrate	Asklepios
Possibilité du patient	« Being cured » Guérir	« Healing » Être soulagé
Action	S'accrocher	Lâcher-prise
Objectif	Survie	Croissance & qualité de vie
Communication	Consciente	Inconsciente
Épistémologie	Science	Art
Validité	Réelle	Placebo

Merci ! Bonne fin de journée !

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