Japanese Acupuncture - Current Research

Practice and Awareness of Acupuncture and Moxibustion Practitioners engaged in Cancer Treatment – Through Interview Survey and Qualitative Study –

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I. Prolusion

Cancer is a disease that can make a profound impact on us. Cancer pain and multi-symptoms cause an enormous psychological and physical burden.

Cancer has now become something familiar to the Japanese. In 2005, cancer accounted for the largest number of all deathes[1] (30.1%) in Japan. The cancer incidence and cancer deaths are predicted to increase in the future[2], and this disease will become more common to us.

In the treatment of cancer in recent years, complementary and alternative medicine garners attention for improving QOL of cancer patients and it is, indeed, practiced. The treatment with acupuncture and moxibustion, which is part of complementary and alternative medicine, has a long history in East Asia, and it has spread further to Europe and the United States. Disseminating reliable literatures and articles on cancer and its treatment with acupuncture and moxibustion will contribute to research and study developments as well as promote the people's behavior of receiving acupuncture and moxibustion for the treatment of cancer. And so, I have searched the publication status of literatures on cancer and acupuncture and moxibustion treatment in Japan of recent years, and will report the results of a qualitative study on the awareness of acupuncture and moxibustion practitioners who perform cancer treatment.

II. Search of literatures on cancer and acupuncture and moxibustion treatment

1. Introduction

In order to find out the connection between cancer treatment and the treatment with acupuncture and moxibustion, the research status in Japan was searched through a bibliographic information database.

2. Method

The 1983-2008 editions of ICHUSHI, a web journal, were used for database search. The used key words for data extraction were "cancer in Japanese hiragana or kanji," "acupuncture in kanji or hiragana," "moxibustion in kanji or hiragana," and "acupuncture and moxibustion in kanji." Conference minutes were excluded.

3. Results and consideration

The extracted number of literatures and articles was 141. All these sorted by the year of publication were as follows: 30 (21.3%) in the years of 1983-1990, 44 (31.2%) in 1991-2000, and 67 (47.5%) in 2001-2008, showing an increasing trend. The contents were classified into one publication (0.7%) of "Incidence Prevention/Recurrence Prevention/Physical Condition Management," 12 (8.5%) of "Reduction of Side Effects," 34 (24.1%) of "Alleviation of Symptoms," 14 (9.9%) of "Palliative Care," and 80 (56.7%) of "Others" relating to recommendations and enlightenment. As a result, two points were clearly indicated.

(1) Interest in cancer treatment with acupuncture and moxibustion was increasing.

(2) Most of these literatures were case reports, case-series and interpretations.

III. Awareness survey of acupuncture and moxibustion practitioners

1. Introduction

There were very few qualitative studies conducted relating to relationships between cancer patients and acupuncture and moxibustion practitioners. Knowing of cancer patients, the practice of acupuncture and

[1] Ministry of Health, Labor and Welfare "Table 5 Leading Causes of Death by Sex (top10) the number of other deaths/rate distributions"
Hand Book of 2005 Population Survey Report (determinate number)
http://www.mhlw.go.jp/toukei/saikin/hw/jinkou/kakutei05/hyo5.html, October 25, 2006

[2] Health, Labor and Welfare Statistics Association. "Kokuminno Fukushono Doukou" extra edition of Koseino Shihyou Vol. 48, 12-go (2001) p.24

moxibustion practitioners, and their awareness will provide an abundance outlook to not only the field of humanities and social sciences but the field of natural sciences.

And so, a survey was conducted by means of a qualitative study about part of the practice and awareness of acupuncture and moxibustion practitioners engaged in cancer treatment.

2. Method

A. Scope and attributes of the individuals being studied

The scope of the individuals being studied was limited to the acupuncture and moxibustion practitioners who met all of the following requirements:

(1) Those who had the experience treating cancer patients for five years or more, and/or those who were judged as having adequate experience to qualify participation in the study although they did not have the required five years experience treating cancer patients.

(2) Those who had the experience treating 10 or more cancer patients.

(3) Those who had the experience of conference presentation, submission of paper, or writing a book. Or those who had a referral from the publisher of an acupuncture and moxibustion related journal.

As a result, 13 practitioners were included in the study. These 13 were classified into hospital acupuncture and moxibustion practitioners and private-practice practitioners. The hospital acupuncture and moxibustion practitioners were further classified by hospital type into “university hospital,” “cancer center,” “palliative care unit,” “holistic medical center.” (Table 1)

B. Methodology

1. Contents of the qualitative study

Analysis was made referring to the qualitative content analysis[3]. The order of analysis is as follows:

(1) Question items were created and interviews were conducted.

(2) The contents of interviews were documented and then numbers were assigned by context for data digitization.

(3) Characteristic texts concerning the practice and awareness of acupuncture and moxibustion practitioners were extracted from the digitized data.

(4) Subcategories of concrete contents were created from the contents of the extracted texts.

(5) Common concepts were extracted from the subcategories and then categories were created.

2. Survey method

a. Interview method and contents of questions

The technique of the semi-structured interviews was used for interviewing.

The questionnaire was about the contents of the practice of acupuncture and moxibustion treatment and awareness of the practitioners included in the studied toward cancer patients and cancer treatment. Ethical matters and concerns such as personal information protection were explained to the study participants from the ethical perspective.

b. Survey period and interview duration

The survey period was from August 9, 2006 to October 4, 2006. The interview frequency was once per person with the length of an interview from 90 to 120 minutes.

[3] An Introduction to Qualitative Research — an methodology for <Human Science> written by Professor Flick Uwe, translated by Hiroshi ODA, Norko YAMAMOTO, Tsune KASUGA, et al. Tokyo: ShinjyuSha, 2002 pp. 237-241

Table 1 Attributes of the study participants[4]

	Sex	Age	Hospital type	Years of acupuncture & moxibustion experience	Years of experience of Cancer Treatment	Contents of medical care[4]
A	Male	30s	University hospital	6 years	5 years	Chinese medicine
B	Female	30s	Cancer center	9 years	7 years	Meridian treatment
C	Male	30s	University hospital	9 years	8 years	Chinese medicine
D	Male	30s	University hospital	8 years	5 years	Chinese medicine
E	Male	40s	University hospital	18 years	15 years	Chinese medicine and modern medicine
F	Male	40s	University hospital	22 years	14 years	Chinese medicine
G	Female	60s	Cancer center	18 years	15 years	Meridian treatment
H	Male	20s	Palliative care unit	3 years	2 years	Meridian treatment
I	Male	40s	Holistic medical hospital	11 years	10 years	Chinese medicine
J	Male	50s	Private practice	23 years	18 years	Ancient Chinese medicine
K	Mal	50s	Private practice	30 years	27 years	Traditional Chinese medicine
L	Male	50s	Private practice	36 years	36 years	Meridian treatment
M	Male	60s	Private practice	31 years	15 years or more	Chinese medicine

3. Results

The focal point in the analysis was placed on practitioners' subjective viewpoints or perspectives. Interviews were classified into "Category" and "Subcateory."

A. Practice of the acupuncture and moxibustion practitioners

The practice of these practitioners was defined as the

[4] Explanation of Contents of medical care
Traditional Chinese medicine was systemized in China in around 1956. This medicine is also called Modern Chinese medicine because of the period when the systemization took place and the medical contents.
・Meridian treatment is the treatment system created in Japan in around 1941.
・Modern medicine is acupuncture and moxibustion treatment with the introduction of knowledge of modern medicine in the treatment.
・Ancient Chinese medicine is the treatment system now being built with the focus on the medicine before Chinese basic classics "Plain Conversation" and "Spiritual Pivot" of Traditional Chinese medicine came in the world.
・Traditional Chinese medicine, which is based on "Plain Conversation" and "Spiritual Pivot," is a treatment system composed of a part of or the whole of traditional medicine of China developed from "Plain Conversation" and "Spiritual Pivot. What makes differences between Chinese medicine and Traditional Chinese medicine is that Chinese medicine systemizes the essence of Traditional Chinese medicine to suit the modern age, whereas Traditional Chinese medicine encompasses the concepts, theories, and treatment methods that Chinese medicine failed to incorporate.
As above, there are a variety of treatment forms available in Japan.

disease period that involved the time used for the treatment (treatment time) with acupuncture and moxibustion and the term during which the treatment with acupuncture and moxibustion was performed. They are referred to, according to their attributes, as "hospitals" in abbreviated form for those working for hospitals and "private practices" for those on private practice.

1. Treatment time

The treatment time meant the amount of time used for examination, treatment and conversation with a patient. The treatment time in the hospital was on an average 30-40 minutes, ranging from 5 to 60 minutes, whereas in the private practices, it was 40-60 minutes on an average, ranging from 10 to 90 minutes.

2. Disease period in which acupuncture and moxibustion treatment was performed.

Cancer disease period was classified into initial term, middle term, and late term. The initial term was defined as the period from surgical treatment to the start of chemotherapy or radiation. The middle term was defined as the period in which chemotherapy or radiation therapy was being performed aiming at a longer survival. The late term was defined as the period when it became difficult to have effectiveness from the treatment aimed at a longer survival. The late term was further classified into early stage of the late term for a limited life expectancy of six months to several months, the middle stage of the late term for a limited life expectancy of several months to several weeks, the late stage of the late term for a limited life expectancy of a few days, and the stage shortly before death for a limited life expectancy of several hours. (Figure 1)

In terms of the disease period in which acupuncture and moxibustion treatment was performed, the hospitals performed the most number of treatments during the middle term to the late term whereas private practice had the most number in the middle term.

B. Awareness of acupuncture and moxibustion practitioners

Awareness of these practitioners is defined as the way how they have relationships with patients and their understanding of patients. So, how they communicate with patients and their understanding of patients will be described below:

1. Ways of communication

Understanding patients, which is the basic to medical practice, needs to have communication with them. And what patients told in conversations (patients' conversations) will be described hereunder. Then, the types and the contents of what the practitioners told in conversations (practitioners' conversations) will be shown below.

All the study practitioners considered "having good communication was essential." It was also found that they had both verbal and nonverbal communication.

The contents of patients' conversations were "about patients" and "about the contents of treatment." (Table 2) The contents of each conversation covered a wide range of topics. The contents of about patients included "how they should live with or how to spend what the time they had left" and "something that the deep inner surface expressed like spiritual pain."

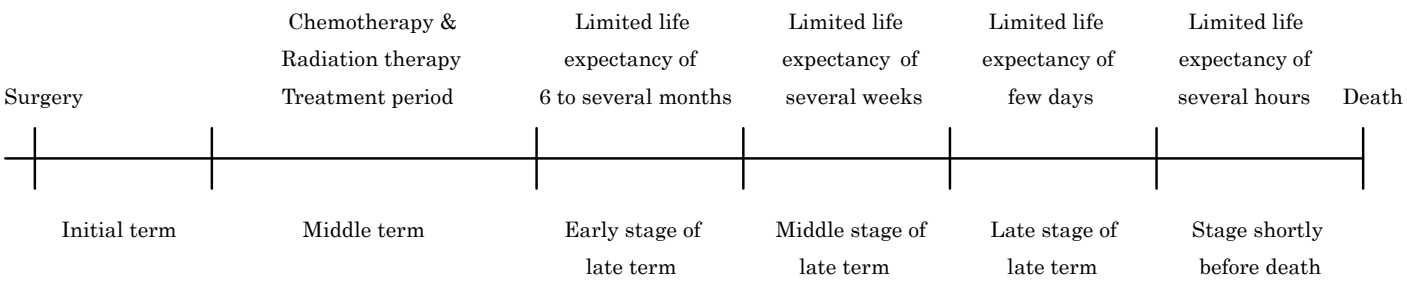

Figure 1 Cancer Disease Period (above)

Category	Subcategory	Contents
Contents relating to patients	Contents of patients themselves	Patients own disease and health
		Psychological distress
		Social distress
		Spiritual pain
		Everyday life
		Past experiences
		How to live with or how to spend the time left
		Personal life
	Contents of patients families	Everyday life
		Family relationships
		Psychological distress
Contents relating to medical care	Contents of modern medicine	Modern medical treatment
		People engaged in medical care
	Contents of acupuncture and moxibustion	Acupuncture and moxibustion treatment
		Acupuncture and moxibustion practitioners

Table 2　Contents of Patients' Conversations

The verbal communication brought out by acupuncture and moxibustion practitioners was made through giving verbal/vocal messages. The types of their conversations were "general conversations," "sympathetic conversations," "modern medical conversations," "conversations about indications and limits of acupuncture and moxibustion, and the potentiality," "body reaction conversations," "guidance conversations," and "awareness-raising conversations." (Table 3) These conversations were made in response to the contents of the patients' conversations or for conveying to the patient what the practitioners felt. "Body reaction conversations" were made on the basis of body conditions such as patient's pains and skin conditions of the patients felt by the study practitioners.

Category	Subcategories	Contents
Verbal/vocal messages	General conversations	Some are the contents responding to the contents of conversations that the patients bring out, or the contents being conveyed of what the practitioners felt.
	Empathetic conversations	
	Modern medical conversations	
	Conversations about indications and limits of acupuncture and moxibustion, and the potentiality	
	Body reaction conversations	
	Guidance Conversations	
	Awareness-raising conversations	

Table 3　Verbal communication/Types of conversations of acupuncture and moxibustion practitioners

Nurses contact with the bodies of patients for drying off with a towel or massages. However, acupuncture and moxibustion practitioners contact with them more delicately for treatment and palpation. Body reaction conversations are closely associated with "body contact" of "non-verbal communication." A simultaneous occurrence of both verbal and non-verbal communication may be one of the characteristics of acupuncture and moxibustion treatment.

"Awareness-raising conversations" are usually initiated in an attempt to change the patients' awareness and are close to "guidance conversations." "Guidance conversations" in this report, however, are defined as the contents of knowledge relating to diseases and health that are taught to the patients. "Awareness-raising conversations" also in this report are defined as the conversations about patients' fear of death and spiritual pain. Characteristic remarks made relating to these are as follows:

"Death, you have to accept it as it is one of four unavoidable human sufferings." You have to accept whatever may happen. (J103) (Moderator: Um)

Say if "there is the next world, true?" "The mundanity is the place for ascetic training." (J104)

Non-verbal communication by acupuncture and moxibustion practitioners was made through conveying "non-verbal/vocal messages" and "non-verbal/non-vocal messages." (Table 4) The characteristics were that these practitioners attentively listened to "body actions" and lay their hand on patients of "body contact." All the practitioners in this study replied that they were "aware" of "body actions" and "body contact."

Categories	Subcategories	Contents
Non-verbal/vocal messages	Basic metric factors and paralanguage	Loudness of voice, pitch of voice
Non-verbal/non-vocal messages	Body actions	Attentive listening
	Body contact	Palpation
		Acupuncture and moxibustion treatment
		Palpation, contacts except for treatment
	Space	Distance from patients
		Direction and Position from patients
	Time	Treatment time for one treatment
		Number of treatment

Table 4 Types of Non-verbal Communication of Acupuncture and Moxibustion Practitioners

2. Acupuncture and moxibustion practitioners' understanding of patients

This chapter deals with the understanding of patients that the practitioners obtained from the following two subjective perspectives; from one perspective, the practitioners grasped what patients want to get when they received acupuncture moxibustion treatment for the first time; from the other perspective, the practitioners discerned that changes occurred in the state of the patients' mind after they received acupuncture and moxibustion treatment.

a. What patients want to get from acupuncture and moxibustion treatment

This timing was defined as the time when the patients had the acupuncture and moxibustion treatment for the first time. At the first time treatment, a relationship of mutual trust was yet to be established.

What the patients want were desires. The subcategories were "become cured," "alleviation of symptoms," and "physical condition management."

b. Changes in the state of mind by acupuncture and moxibustion treatment

Changes will be described hereunder in the state of mind of patients who received acupuncture and moxibustion treatment. The practitioners in the study perceived the changes as "desires," "peace of mind," and "hope." "Desires" of the patients are that they desire to have "conversational partners," "psychological support," "have the practitioner's hand on the patient," "comfort," and "healing," in addition to "become cured," and "alleviation of symptoms."

"Comfort" is a pleasant feeling that patients feel caused by acupuncture and moxibustion treatment.

Acupuncture treatment is interesting, isn't it? People come for comfort. Their purpose is.. The patient's purpose… (L56)

Acupuncture and moxibustion treatment brings relaxation to patients and has the effect of bringing a sense of comfort to the patients. These reactions occur whether symptoms improved or not. Since treatment on cancer patients in the middle term causes a physical burden, and terminal cancer patients who feel pain, lassitude, and other physical suffering very seldom feel comfort, so that they want to have a feeling of comfort from acupuncture and moxibustion treatment.

The subcategories of "peace of mind" were "peace of mind by conversations" and "peace of mind by moxibustion and acupuncture treatment."

The subcategories of "hope" were "hope for recovery, life prolongation, and alleviation," "hope for having

companionship with people," and "hope for the way of living." According to Kübler-Ross' Five Stages of Dying, patients held onto some level of hope until the last moment[5]. This survey also showed similar results.

4. Consideration

A. Practice of acupuncture and moxibustion practitioners

Acupuncture and moxibustion practitioners spend more time with patients than with doctors and nurses. Concerning the disease period in which acupuncture and moxibustion treatment was performed, the treatment was given during a broad period from the middle term to the late term, sometimes to the just before death. Thus, these practitioners spent a long time for the treatment of patients as well as the treatment period, which essentially allows the talks of the patients to become rich in terms of quality and volume.

B. Awareness of acupuncture and moxibustion practitioners

Acupuncture and moxibustion practitioners value verbal and non-verbal communication. For this reason, these practitioners are compelled to have communication on the matters that lie deep inside the patients, such as patients' way of living and spiritual pain. The practitioners participated in this study had quite a bit of clinical experience and they can conceivably carry a type of conversations to raise awareness. And, the physical contact in non-verbal communication is considered to make it easy for the patients to open their heart. However, it can easily be imagined that unless the practitioners can cause the patients to have a sense of relaxation or treatment effects, they would not become open-minded.

As a result of acupuncture and moxibustion treatment, changes occurred in the state of the patients mind; the items of "desires" increased and they began to have "piece of mind" and "hope." These changes will not essentially occur in all patients who received acupuncture and moxibustion treatment. It is considered that such changes occur in the mental state only when the patients felt treatment effects or relaxed mentally and physically.

C. Characteristics of acupuncture and moxibustion practitioners and problematic areas (Fig. 2)

Firstly characteristics of acupuncture and moxibustion treatment will be described. In the therapy sessions, the practitioners carefully listen to what the patients tell them and have conversations. Then, the practitioners have physical contacts with the patients including palpation. This process proceeds taking relatively a long time in a unique space where the distance between the practitioner and the patient gradually decreases. In there, both rich verbal and non-verbal communication takes place. During the communication, the patient self-disclosure occurs together with the practitioner's questioning. In response to the self-disclosure, the practitioner may take an action of self-disclosure reciprocity. This is the mutual understanding of the practitioner and the patient.

The acupuncture and moxibustion practitioner provide treatment to the patients. And, once the patients recognize symptomatic improvements and a sense of relaxation, or once the patients have developed trust in the techniques, knowledge, and human qualities that the practitioners possess, the patients will have a sense of trust in the practitioners. Then, the patients re-experience treatment effects and the trust deepens – then the patients begin to have desires and seek peace of mind, and hope. At this stage, the patients may ask the practitioners about existential matters including what caused the cancer, or may engage in deep self-disclosure. The practitioners may take two types of responses. The first is that the practitioners do not tell anything to the patients; and the second is that the practitioners engage in self-disclosure reciprocity with such as the knowledge,

[5] "On Death and Dying" written by Elisabeth Kübler-Ross, M.D. and translated by Masayoshi KAWAGUCHI.Tokyo: Yomiuri Shinbunsha, 1971, pp. 171-189.

thinking, belief, and religion of the practitioners.

Here some problems arise. One of the reasons why the practitioners do not tell anything is related to the relationship between the practitioners and the hospital healthcare providers. For instance, even if a patient receiving chemotherapy tells the practitioner that he or she wants to refuse the therapeutic method, the practitioner as a member of the team medicine will not able to openly deny the chemotherapy as it will cause a problem. However, no-talking to the patient may possibly leave the patient alone psychologically. The other reason for no-talking to the patient is that the practitioner does not know what and how to tell the patient in response to the patient's deep self-disclosure. In short, "the practitioner do not know what to tell" in the circumstance. Especially the practitioners who do not have a sufficient amount of experience presumably tend to fall into such a situation. If a similar situation continues, the practitioners will become increasingly stressed, reaching the stage of burnout.

When the practitioners engage in self-disclosure reciprocity, problems also arise. I consider that there are two types of reciprocity. The first is the case in which the practitioner speaks unilaterally. The second is the case in which the practitioner and the patient talk together. In the case of unilateral talk, the appropriateness of the patient's ways of speaking does matter. The patient may feel a burden depending on how the practitioner speaks. What the practitioner tells, such as the practitioner's knowledge, thinking, belief, and religion also matter. Before the way of speaking is discussed, the contents that the practitioner tells to the patients should be called into question whether they are good enough to tell to the patient. There is the other ethical issue of confidentiality obligations in a team medicine. As a thanatoloical matter (death & life studies), how should the practitioners face spiritual pains including existential matters. This will emerge as a significant issue, given the state of patient mind.

As such, there are many issues and problems. The largest problem is that many of the acupuncture and moxibustion practitioners are unaware of the problems. The unawareness insidiously increases burdens on the mind of practitioners and the patients.

In order to solve this problem, it is required that the industry of acupuncture and moxibustion therapy provide certain levels of education together with school training, and that a safety network be built to cope with the symptoms of burnout.

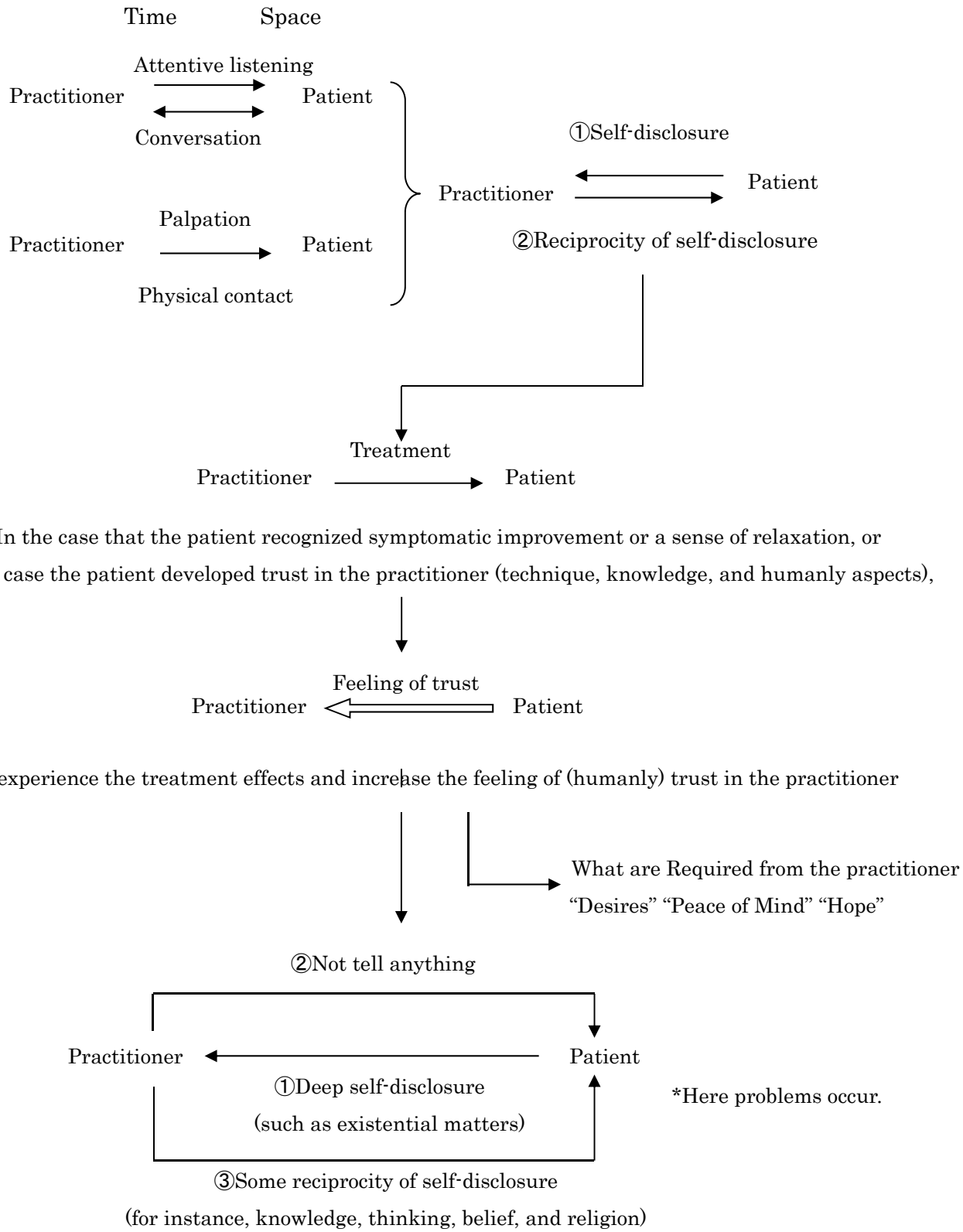

Figure 2　Characteristics and Issues/Problems of Acupuncture and Moxibustion Treatment

Problem with the practitioner-patient relationships: Mostly, being unaware of it.
(Practitioner → Patient)

②Not tell anything

A. The relationship between other hospital healthcare providers and treatment

→ the patient was left psychologically unattended.

B. The acupuncture and moxibustion practitioner do not know how and what to speak to the patients.

→ Mental stress and burnout of acupuncture and moxibustion practitioner

③Some reciprocity of self-disclosure

A. The acupuncture and moxibustion practitioner speaks unilaterally.

B. Talk to each other/think together

→Is the way of speaking appropriate?

→What are the contents of knowledge, thinking, belief, and religion of the acupuncture and moxibustion practitioner?

→Are they really good to tell to the patient?

Other issues:

・Ethical matter → Confidentiality obligations

・ Thanatological matter → Relationship with spiritual pain?