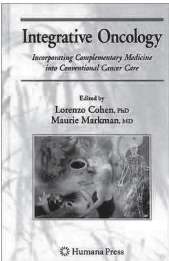


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B O O K S

Integrative Oncology: Incorporating Complementary Medicine Into Conventional Cancer Care. Lorenzo Cohen and Maurie Markman. New York: Springer Publishing, 2008, 216 pages, \$79.95.

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Integrative Oncology: Incorporating Complementary Medicine Into Conventional Cancer Care underscores what the authors depict as the nascent field of integrative oncology. Bringing together the best of complementary and conventional medicine in a multidisciplinary approach, medical centers and clinics are planning, developing, and implementing programs for patients with cancer across the county. The driving force for these programs is the development of a scientific basis for practice and promotion of open dialogue to assist patients in safe and appropriate incorporation of complementary medicine in cancer care.

Five National Cancer Institute comprehensive cancer centers outline their integrative oncology programs, including how the program began, scope of the program (clinical services, education, and research), and recommendations for starting integrative medicine clinics. In addition, four of the five centers describe specific aspects of their research program. The centers include

- Integrative Medicine Program at the University of Texas M.D. Anderson Cancer Center; research focus: mind-body.
- The Integrative Medicine Service at Memorial Sloan-Kettering Cancer Center; research focus: botanical.
- Integrative Oncology—Leonard P. Zakim Center: Dana-Farber Cancer Institute

Experience; research focus: Chinese acupuncture.

- Johns Hopkins Complementary and Integrative Medicine Service; research focus: Korean acupuncture.
- Integrative Oncology at Mayo Clinic; research focus: not specified.

Each program discusses clinical services that involve funding (state funds, philanthropic, foundations, and grants), billable and nonbillable services, credentialing of practitioners, standards of care, referral processes, and documentation. Education and training topics include the variety of methods to reach the targeted audience (lecture series, online training, and fellowship programs). Research programs at the facilities include preclinical and clinical components.

The text has several major strengths. One chapter gives an insightful discussion regarding the legal and ethical principles of integrating complementary medicine with conventional medicine. These areas include licensure, scope of practice, management of liability risks, malpractice, and healthcare fraud. Another chapter addresses techniques to open the lines of communication between patients, conventional providers, and integrative care providers. An additional area of interest is the publication of specific policies and procedures of the safe and appropriate integration of acupuncture and massage into clinical care provided by the Dana-Farber Cancer Institute. The development of institution-based standards requires intense collaboration and many levels of approval; as a result, patients receive expert services and the field of integrative oncology advances with the publication of consensus guidelines not widely available previously.

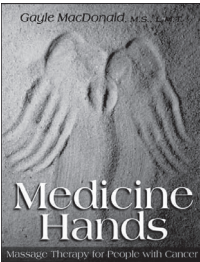
Consistent with the authors' goals, the text provides a glimpse into growing trends in integrative oncology and creates discussion surrounding ethical and legal issues and communication about complementary and alternative medicine (CAM). The book is unique in that it provides the specific current approaches by leaders within five centers

and concrete recommendations for starting an integrative oncology center.

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Medicine Hands: Massage Therapy for People With Cancer. Gayle MacDonald. Scotland: Findhorn Press, 1999, 192 pages, \$29.95.

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Medicine Hands: Massage Therapy for People With Cancer is written for three target audiences: healthcare providers, massage and touch therapists, and patients and their caregivers. The book begins by recognizing

that although massage has a long history, in recent times an oncology diagnosis made some people "untouchable." Now, this book by Gayle MacDonald, MS, LMT, not only documents a renewed interest in massage and its benefits for people with cancer but also has the potential to support the increased use of massage as a component in integrative cancer care in settings it currently is not routinely offered or suggested. MacDonald begins by defining massage as any form of systematic touch. After reviewing multiple international studies of complementary and alternative medicine prevalence and use, she discusses the research evidence about massage and the paradigms and theories behind the types and strengths of the research currently available. The extensive literature review also is summarized in a table. These resources are beneficial to readers who want to make recommendations about the potential benefits of massage.

MacDonald's clear discussion of the current understanding of the metastatic process

Ease of Reference and Usability	Content Level	Media Size
🕒 Quick, on-the-spot resource	✓ Basic	📖 Pocket size
🕒🕒 Moderate time requirement	✓✓ Intermediate	📖📖 Intermediate
🕒🕒🕒 In-depth study	✓✓✓ Advanced and complex, prerequisite reading required	📖📖📖 Desk reference

Digital Object Identifier: 10.1188/08.ONF.852-853

provides the basis for the debunking of the fear that massage can cause metastasis. She also discusses how massage can place excessive physical, mental, emotional, and spiritual demand on an already stressed individual. The most common side effects of cancer treatment are discussed. Recommendations are made about general and specific adjustments necessary to accommodate patients with cancer.

A chapter is dedicated to discussing the use of acupressure and reflexology to target specific treatment side effects instead of the comfort-oriented bodywork discussed throughout the rest of the book. Other chapters provide guidelines for providing massage to children with cancer, people at the end of life, and caregivers. One chapter addresses how to take a health history for a massage and options for obtaining permission from the oncologist. Sample health history forms and letters are provided. These chapters will be helpful for bodyworkers.

The final chapter provides exercises to increase self-understanding, the development of holistic relationships, and the power of sharing experiences. This will be helpful to all who work with people with cancer. Lastly, scattered throughout the book are useful resource boxes, definitions, illustrative photographs, and insightful and powerful quotes and stories.

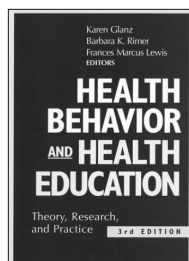
The book's wide definition of massage demonstrates the flexibility of bodywork to assist people with cancer and their caregivers cope with the challenges of the cancer jour-

ney. It is helpful for healthcare providers, bodyworkers, and patients and their caregivers to discuss bodywork, its potential benefits, and necessary adjustments. For healthcare providers specializing in oncology, *Medicine Hands* is a valuable and inspirational resource.

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NEW RELEASES

Health Behavior and Health Education: Theory, Research, and Practice (4th ed.). Karen Glanz, Barbara K. Rimer, and K. Viswanath. Hoboken, NJ: John Wiley and Sons, Inc., September 2, 2008, 592 pages, ISBN-10 0787996149.

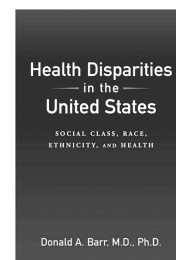


The fourth edition of *Health Behavior and Health Education: Theory, Research, and Practice* provides an analysis of health behavior theories. It includes current information on theory, research, and practice at individual, interpersonal, community, and group levels. The fourth edition also includes new content on current and emerging theories

of health communication, e-health, culturally diverse communities, health promotion, the impact of stress, the importance of networks and community, social marketing, and evaluation.

Health Disparities in the United States: Social Class, Race, Ethnicity, and Health.

Donald A. Barr. Baltimore, MD: Johns Hopkins University Press, 2008, 312 pages, ISBN 9780801888205.



Health Disparities in the United States: Social Class, Race, Ethnicity, and Health explores how socioeconomic status, race, and ethnic make-up affect health disparities; what the wide gulf in care and health outcomes means for the medical

community, cultural subsets, and society at large; and how to address the issue effectively. Topics examined include the relationship between income and social status and health care and outcomes; the effect of race and ethnicity on health and the availability of care; conscious, unconscious, and institutionalized bias in treatment options; how and when race and ethnicity should be taken into account in treating illness; practical and practicable ideas for reducing health disparities; and analyzing the complex web of social forces that influence health outcomes in the United States.

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