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Letter to the Editor

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To the Editor,

In her essay, "On the nature of thought processes and their relationship to the accumulation of knowledge, Part XIII: The nature of evidence" [1], Cris Anderson helps us to look at the question of why a person would choose an alternative treatment rather than a conventional scientific one. Her essay also stimulates us to look at our own process of argumentation as well as our own biases and prejudices. (For example, why should we become angry when a patient decides to act against our best medical advice and choose complementary alternative medicine [CAM].)

Despite the efforts of nine medical practitioners the patient in the case study, "Application of black salve to a thin melanoma that subsequently progressed to metastatic melanoma: a case study," the patient chose to treat her melanoma with black salve. She reluctantly agreed to conventional medical treatment only after the melanoma had clinically metastasized.

I hypothesize that the patient suppressed the painful memories of the death of her son and her brother from metastatic melanoma. I believe she just did not want to think about melanoma. There are many personal testimonies and anecdotal reports of positive outcomes using black salve to treat cancer present on the Internet [2]. So perhaps an easier, less emotionally painful choice was to choose to believe these anecdotal stories and use black salve.

Michael Shermer has pointed out "anecdotal thinking comes naturally, science requires training." [1] Ernst [3] describes that complementary medicine [CM] tends to be built on untestable philosophies rather than on proven facts or testable hypotheses. The concept of cancer that prevails in CM is no exception; cancer is viewed as an expression or symptom of a deep-rooted underlying problem. Therefore, CM cures often aim at treating this underlying problem rather than the cancer itself. Thus, complementary therapies do not depend strongly upon a specific cancer diagnosis, but usually offer universal cures that are applicable for almost any malignancy. In addition a self-care element is central to many treatments; the patient is put in charge of his/her own health [every patient is his/her own physician]. The over simplification of the pathology and the self-care component in therapy constitute a large proportion of the attraction of CM cancer concept to the patient [3].

One study in South Australia in 2004 revealed that complementary alternative medicines [CAM] were used by 52.2% of the population. The conclusion of this study is: "Australians continue to use high levels of CAM and CAM therapists. The public is often unaware that CAM's are not tested by the Therapeutic Goods Administration for efficacy or safety" [4]. We all live with cognitive dissonance to some degree.

Cris Anderson states in her essay, "we all have so many potential thoughts and memories stored in our brains we often do not call up information that is contradictory and we continue to believe contradictory propositions; that is we all live with cognitive dissonance" [1]. "Imagination has enabled us to survive, to prepare for the future and to dream of a better world. But the downside of this is that we are tempted to believe that what we imagine is true" [1]. As medical practitioners we try to practice evidence-based medicine. We attempt to offer our patients the best "up to date" medical advice based on the outcomes of logical thought processes and the scientific method. "Hypotheses are tested accord-

ing to a body of organizing principles and the test results are examined and interpreted independently by multiple investigators" [1]. This seems to be "the best way to advance knowledge while minimizing opportunities for inconsistency and contradiction" [1]. "Argumentation and science share the same principles in that people with differing views are willing to look at a problem from differing perspectives and are willing to risk being proved wrong in the interest of acquiring a common understanding of an issue…" [1] (However, before we rush to criticize other treatments we should bear in mind that it is estimated that as little as a quarter of conventional medicine is based on "level 1 evidence" [5].)

The question is: can the use of black salve to treat melanoma and non-melanoma skin cancer with a potentially disastrous outcome be prevented? Because we are all human beings at times using illogical thought processes, the answer to this question is "probably not." However with adequate knowledge, I believe we can reduce the risk for our patients. We need to accept that the use of CAM by our patients, according to surveys, is high. We need to have an understanding of the constituents of pastes such as black salve, and that these contain escharotics that will destroy normal tissue as well as cancerous tissue and we need to advise our patients of the dangers of self-treating diagnosed and un-diagnosed skin lesions.

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References

1. Anderson C. On the nature of thought processes and their relationship to the accumulation of knowledge. Part XIII: The nature of evidence. Dermatol Pract Concept. 2014;4(1):3.
2. Website. www.altcancer.com. Accessed October 20, 2013.
3. Ernst E. Complementary cancer treatments: hope or hazard? Clin Oncol (R Coll Radiol). 1995:7:259-63.
4. MacLennan AH, Myers SP, Taylor AW. The continuing use of complementary and alternative medicine in South Australia: costs and beliefs in 2004. Med J Aust. 2006; 184(1):27-31.
5. Albeni D, Girardelli CR, Masini C, et al. What proportion of dermatological patients receive evidence-based treatment? Arch Dermatol. 2001;137:771-6.