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## “Integrative medicine is more than mutual tolerance”



“Arbitrariness is not my definition of a meaningful integrative-oncological approach.”

Prof. Dr. Ralf-Dieter Hofheinz  
Interdisziplinäres Tumorzentrum Mannheim  
Theodor-Kutzer-Ufer 1-3, 68167 Mannheim, Germany  
ralf-dieter.hofheinz@medma.uni-heidelberg.de

Integrative oncology proves to be just as useful in acute disease situations – especially in side effect management – as it is in long-term care, which is becoming increasingly important in light of the increasing chronicity of many cancers.

Professor Hofheinz, what does integrative medicine mean to you?

For me, integrative medicine means the regular care of oncological patients with a comprehensive concept of conventional and complementary procedures – and all from one “source”: the attending physician. In my opinion it doesn’t make much sense if the patient is treated by the oncologist solely with conventional measures and, from another source, receives recommendations which the oncologist may not endorse, or not even hear about.

You’ve put your finger on a sore spot: A recent meta-analysis showed that two thirds of all patients conceal the use of complementary medicine from their doctors. But the medically controlled use of complementary measures is essential for patient safety and positive treatment results!

Yes, the patients’ need for integrative treatment has been sufficiently proven, but they often do not find an open ear at their oncologist. The openness of physicians has grown overall, but not so much in the active implementation of integrative medicine, but rather as a willingness to tolerate it. However, our medical intention is not limited to the statement “as long as we do not harm each other, we can live together”.

We’d like to hear more about your medical intention: What does integrative medicine look like at University Hospital Mannheim?

As part of my integrative-oncological approach, I pursue the integrative concept of Anthroposophic Medicine. This includes, among other things, mistletoe therapy, which is very well accepted – the patients continuously experience a psychosomatic strengthening and better tolerability of the tumor therapy drugs. Patients who have little knowledge of the therapy and approach it “expectation-free” also report effects of the “mistletoe shot”: it supports patients by strengthening them overall.

“Integrative medicine is one entity” – how do you define this statement?

There are already several hospitals where the “two worlds” of conventional and complementary medicine have developed a new “unit” of integrative medicine in an exemplary manner. This can only succeed if built on a concept. Integrative medicine is not a “colorful bouquet” of complementary measures, from which I can simply choose a few at will. Certainly – there is not only one good approach, and many measures have their justification. But in my opinion there should always be enough experience and evidence present, in the original meaning of the words.

Long-term, do you see the possibility for comprehensive implementation of integrative medicine? Not only patients, but also more and more doctors feel the need to do “more”. But integrative medicine needs to be thought through and understood – which is why the broad implementation of integrative medicine, in my understanding, is a long journey in small steps. The interests of patients and physicians must also keep pace with health policy. New financing concepts are needed to achieve more in this area, for example to map the increased time requirements of integrative medicine as “talking medicine”. We can only achieve this with further proof of effectiveness and proof of the cost-efficiency of integrative medicine.

Many thanks for this conversation, Professor Hofheinz!

#### Résumé

1990 – 1998: Studies at the Medical Faculty, Ruprecht-Karls-University Heidelberg, Germany, and the Medical Faculty, National University of La Plata, Argentina

Since 1998: Medical Clinic III, University Medical Centre Mannheim, Medical Faculty Mannheim – University of Heidelberg

2000: License to practice medicine

Since 2004: Member of the lead group Colorectal Cancer and Gastric Carcinoma of the Working Group Internal Oncology (AIO) of the German Cancer Society (DKG)

2005: Specialist in Internal Medicine

2007: Habilitation in Internal Medicine: “Therapy optimization for gastrointestinal tumors through application of new active ingredients and multimodal treatment concepts”

Appointment as senior physician

Specialist in Hematology und Internal Oncology

2008: Additional training in Palliative Medicine

Since 2009: Medical Director of the Day Treatment Center (TTZ) at the Interdisciplinary Tumour Centre Mannheim (ITM)

Since 2013: Board Member of the Working Group Internal Oncology (AIO)