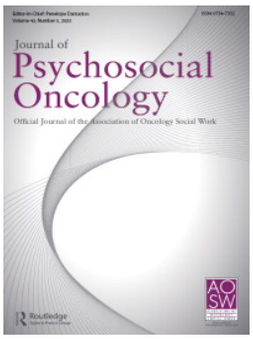

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Mindfulness and Buddhist principles in oncology: Risks, misconceptions and recommendations for ethical integration

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ABSTRACT

Mindfulness-based interventions are gaining recognition as effective therapeutic tools for psychological distress in oncology. However, the widespread adoption of mindfulness in Western clinical contexts has raised ethical and philosophical concerns, particularly regarding the Westernisation and cultural appropriation of Buddhist wisdom. This paper examines the ethical implications of employing Buddhist-informed mindfulness in cancer care, focusing on issues affecting patients, practitioners, and researchers. We propose modifications to Westernised MBIs to ensure practitioners are knowledgeable about Buddhist philosophy and equipped to communicate the tradition's origins transparently to oncology patients. Recommendations include ethically and compassionately introducing Buddhist principles into oncology treatment, emphasising clinician education on the philosophical foundations of mindfulness, especially "Right Mindfulness." By fostering understanding that mindfulness is a long-standing ethically informed practice, practitioners can better support patients in addressing existential questions. We advocate for shared decision-making and trauma-informed adaptations, while respecting the cultural origins and philosophical depth of this ancient practice.

KEYWORDS

Mindfulness; Meditation; Oncology; Buddhist-informed interventions; Cancer, Ethical practice; Cultural sensitivity

Introduction

There is growing interest in complementary therapeutic approaches for addressing psychological distress among cancer patients. Anxiety and depression, which are reported in one in four adult cancer patients, significantly affect quality of life, treatment adherence, and overall prognosis [1]. As part of the response, clinical and integrative care guidelines have highlighted the role of mindfulness-based interventions (MBIs) in oncology. For example, the Society for Integrative Oncology (SIO) and the American Society of Clinical Oncology (ASCO) recommend the inclusion of MBIs as part of routine cancer care, based on their efficacy for alleviating psychological

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distress and promoting emotional resilience.[2] Furthermore, the National Institute for Health and Care Excellence (an independent body providing evidence-based guidance to improve health and social care in England and Wales)[3] endorses group mindfulness and meditation, citing mindfulness-based cognitive therapy (MBCT) for the effective treatment of depression and recurrent depression in adults, which is frequently comorbid with cancer.

These recommendations are consistent with a meta-analysis highlighting significant positive health outcomes associated with MBIs for cancer patients and survivors, such as coping and wellbeing.[4] The same meta-analysis also found that MBIs can enhance mindfulness skills, self-compassion and personal growth, supporting their role in holistic cancer care. Furthermore, a systematic review reported that MBIs can lead to improvements in cancer patients' and survivors' physiological health biomarkers, including cortisol, blood pressure, telomerase activity and pro-inflammatory gene expression.[5]

MBIs are structured, manualised programmes designed to systematically cultivate mindfulness skills in participants, focussing on the cultivation of nonjudgmental, present-moment awareness.[6,7] The most widely implemented MBIs in oncology settings include MBCT and mindfulness-based stress reduction (MBSR).[8] These interventions typically comprise a series of weekly group sessions, often spanning eight weeks and incorporating a combination of guided meditation practices (such as body scan and mindful eating), psychoeducation about stress and coping, and facilitated group discussion to foster peer support. In addition to structured MBIs, it is important to acknowledge the broader use of mindfulness practices in oncology care, including less formal applications, such a ward-based activities and ad hoc offerings by healthcare and support providers, which may lack the rigor or consistency of manualised programmes.

MBIs, particularly those that retain aspects of their Buddhist practice origins, may provide a valuable space to address the reticence in healthcare systems to openly discuss the mortality of the human condition, where a death-denying culture is often prevalent,[9,10] including in oncology care.[11–13] Although public health initiatives and community campaigns are gradually integrating discussion around death and dying, research indicates that discomfort around these topics is often shaped by concerns about how others may react, rather than absolute taboo.[14] Buddhist-derived MBIs be particularly suited in this context due to intentionally prompting search for meaning and open engagement with existential issues. However, it's important to note that this is not unique to Buddhist or spiritual approaches, as various non-spiritual therapeutic models, such as narrative therapy, also explicitly address meaning and existential distress.[15,16]

Another notable feature of mindfulness is that it is becoming increasingly accessible to wider audiences through the development of digital tools, including apps such as Headspace and Calm,[17] as well as eHealth platforms that deliver MBIs remotely. These platforms provide guided mindfulness practices tailored for specific needs, including cancer care. For example, Headspace offers a dedicated "Coping with Cancer" mindfulness course designed to help patients manage anxiety and stress during their cancer journey.[18] A systematic review found eHealth MBIs tailored for cancer patients to be beneficial in improving psychological outcomes, anxiety and depression, suggesting their usefulness for cancer populations experiencing difficulty in accessing face-to-face interventions.[19]

However, while the integration of mindfulness into oncology care appears promising, it raises important ethical and cultural questions. For example, mindfulness is originally rooted in Buddhist philosophy but has been extensively adapted and secularized for use in Western healthcare systems, leading to some academics referring to the trend as "McMindfulness".[20] This alleged "Westernisation" of mindfulness has no doubt facilitated its accessibility but has arguably resulted in the fragmentation of mindfulness from its cultural and philosophical origins. A key issue is that such adaptations risk diluting the depth and authenticity of mindfulness, raising concerns about cultural appropriation and the ethical implications of its use in clinical settings.[21]

The present paper aims not to reject Western MBIs outright but to propose a modification that embraces Buddhist wisdom principles more explicitly, ensuring ethical integrity and cultural humility in oncology mindfulness practice. Indeed, it should be acknowledged that mindfulness practices exist along a spectrum of depth and application, and that Western MBIs often prioritize accessibility and symptom relief. However, we argue that integrating Buddhist informed ethical and philosophical dimensions can enrich these interventions without compromising patient autonomy or cultural diversity.

Buddhist wisdom principles and mindfulness-based interventions

Buddhist philosophy is grounded in *the three marks of existence* (*tilakkhaṇa* in Pali): impermanence (*anicca*), suffering (*dukkha*), and non-self (*anattā*). These three characteristics describe the fundamental nature of existence and provide the Buddhist foundations for understanding the human condition.[22] Building on these foundations, within Buddhism the Four Noble Truths provide a clear guide for understanding and addressing suffering: 1. recognizing suffering (*dukkha*) in our lives, 2. identifying craving (*taṇhā*) as suffering's source, 3. realizing that it's possible to end suffering (*nirodha*), and 4. following the path to the cessation of suffering (*magga*). The path

referred to in the fourth noble truth is the Noble Eightfold Path, which offers practical guidance for living ethically, developing mental focus and discipline, and cultivating wisdom. Each aspect of the Noble Eightfold Path, including "Right Mindfulness" (*sammā-sati*), is intended to help individuals work toward permanently overcoming suffering, with an overall aim of attaining enlightenment.

This is in contrast to how mindfulness is often contextualized in modern western applied settings, where the focus appears to be on being more present in everyday life in order to improve outcomes such as well-being, stress relief, resilience to somatic pain, and work effectiveness.[7,23,24] Consequently, as MBIs have evolved, their connections to traditional ethical and philosophical frameworks have often been overlooked or purposely separated, resulting in their Buddhist roots being less apparent over time.[25]

The Buddhist principle of impermanence (*anicca*) is particularly significant in this context. Within the Buddhist teachings, impermanence is not merely a philosophical notion, but a practical insight into the transient nature of all phenomena including emotions, thoughts, material goods, relationships and living beings, which are all in a constant state of flux. Recognizing impermanence is intended to reduce attachment and avoidance, fostering a sense of equanimity and acceptance.[26] In the context of individuals undergoing cancer treatment, impermanence can be observed as part of the fluctuating nature of physical sensations, such as pain following a biopsy or procedure.[27] While initially sharp and distressing, pain often diminishes over time, or shifts into different sensations, such as a dull ache or discomfort.[28] From a Buddhist perspective, recognizing this variability can foster a more balanced relationship with pain, potentially reducing the tendency to catastrophise or attempt to resist or fight it. However, despite this potential of this approach to help cancer patients avoid fixating solely on their pain and suffering,[29] to date practices intended to directly foster mindfulness of impermanence have received limited attention in the design and empirical evaluation of MBIs.

The same applies to the concept of non-self (*anattā*), which is another essential element of Buddhist philosophy that undermines the notion of a fixed, unchanging self. In Buddhist wisdom, *anattā* challenges the traditional view of personal identity away from the idea of it being a permanent, unchanging self or soul, positing instead that the self is a dynamic and fluid "process", constantly emerging and dissolving in response to various life conditions.[29] This perspective has profound implications for how individuals relate to their illness, which in the context of cancer care offers a way of understanding the self as distinct from the disease, reducing over-identification with the illness and its associated suffering. However, despite its potential to foster greater psychological flexibility and reduce

emotional reactivity, the non-self principle is not widely addressed in the design of secular mindfulness programs.

Finally, interconnectedness (*paticcasamuppāda*) or interdependence reflects a further key Buddhist wisdom principle and relates to the notion that all phenomena are linked through multiple conditions and causes, meaning that nothing exists in isolation. This principle informs ethical conduct rooted in no-harm and altruistic acts, promoting the alleviation of suffering for all living beings.[30,31] Compassion (*karuṇā*), a key ethical principle in Buddhism, is not simply an emotional response to suffering but an ethical imperative to alleviate it in oneself and others, grounded in the recognition of interconnectedness and interdependence.[29] Practices such as loving-kindness meditation (*mettā-bhāvanā*) are designed to cultivate compassion through fostering empathy and strengthening the notion of interconnectedness toward others and oneself.[32] In the context of cancer care, where patients often experience feelings of isolation, guilt, or self-criticism, such practices have been shown to foster emotional resilience, potentially decreasing loneliness and empowering social connection[33] as well as decrease depression[34]. However, although certain compassion practices are sometimes included in MBIs, these tend to fall short of the full meaning and application of interconnectedness per the Buddhist model and are more orientated toward individual outcomes rather than collective, socio-relational or spiritual considerations.[20]

The shift from "right mindfulness" to "mindfulness"

As referred to above, the traditional Buddhist practise of "right mindfulness" (*sammā-sati*) is not purely a mental attentional exercise but a deeply ethical practice that is intertwined with other aspects of the Noble Eightfold Path, such as "right intention" and "right action",[26] as well as being grounded in principles such as compassion and interconnectedness.[35] In line with this traditional Buddhist context, the present authors define and deem authentic mindfulness practice (i.e. "right mindfulness") to be a deeply ethical and contemplative practice embedded within the Noble Eightfold Path. The emphasis here is not only present-moment awareness but also on addressing fundamental aspects of human suffering, fostering understanding of impermanence and non-self, and cultivating wisdom and compassion beyond mere symptom relief. However, the reductionist way that mindfulness has been adopted in the West has arguably transformed it into a tool for self-optimisation, often aligning with neoliberal values that emphasize individualism, productivity, and personal responsibility or self-management.[36,37] It is, however, important to acknowledge that neoliberal thought is not homogeneous and not all expressions of neoliberalism prioritize these values in the same regard. Nevertheless, the rendering of

mindfulness (whether intentional or otherwise) as a quick fix self-orientated solution fails to challenge or acknowledge the systemic or societal factors contributing to distress, such as inequality, discrimination and healthcare disparities for cancer patients,.[38]

Furthermore, the non-spiritual framing of MBIs often omits discussions of suffering, mortality, and interconnectedness—issues that are profoundly relevant to individuals facing a life-threatening illness. Without these broader dimensions, mindfulness interventions may fail to address the holistic needs of cancer patients, including their search for meaning and connection in the face of illness as well as their need to address existential distress.[39,40]

The emphasis on individual responsibility within Western mindfulness practices can also inadvertently place undue pressure on patients. Cancer patients, who are already navigating complex emotional and physical challenges, may feel that they are failing if they do not achieve immediate symptom reduction or mastery of mindfulness techniques.[41] This relates to a common misconception that mindfulness is synonymous with a relaxation technique,[42–46] which can create unrealistic hopes that it will provide a calming effect on anxiety, pain, or other symptoms. For example, a patient with this pre-conception undergoing a body scan may be expecting to relax when alternatively, they find themselves overwhelmed by the intensity of their pain or discomfort, leading them to conclude that mindfulness is ineffective or even counterproductive. This misunderstanding can result in premature abandonment of the practice, depriving patients of the opportunity to develop the resilience and emotional regulation that long-term mindfulness practice aims to foster.[47]

This orientation toward individualism contrasts sharply with the Buddhist view of mindfulness as a communal and relational practice that acknowledges human interdependence and the shared nature of suffering. For example, within Buddhist philosophy, mindfulness is not about achieving a specific outcome but about cultivating a compassionate awareness of the present moment, including its difficulties and uncertainties.[26]

A related issue is the lack of definitional clarity regarding mindfulness, which is evidenced by a recent scoping review which found that 54% of studies on MBIs lacked a clear definition of mindfulness, highlighting significant inconsistencies in its conceptualization across the literature.[48] This creates challenges for both research and clinical practice, as it becomes difficult to standardize interventions, measure outcomes, and ensure fidelity to the original principles of mindfulness. The absence of a shared definition and understanding also risks further diluting mindfulness from its philosophical roots, as interventions may prioritize convenience or marketability over depth and authenticity.

Cultural appropriation and Buddhist modernity

McMahan (2008)[49] describes the Westernization and cultural appropriation of mindfulness as "Buddhist modernity," where traditional Buddhist practices undergo a loss of cultural and philosophical richness as part of being aligned with Western scientific, humanistic, and democratic ideals. This issue has been exacerbated by ethnocentrism, which refers to belief in the superiority of one's own culture and can lead to a skewed understanding of mindfulness.[50] For example, by viewing mindfulness through a Western utilitarian lens, clinicians may overlook the deep relational aspects of the practices, which are integral to the efficacy and authenticity of mindfulness as well as for cultivating a sense of interconnectedness and compassion.[51] This also applies to mindfulness apps and programmes such as Headspace, Calm and Medito,[52] where group meditation, group support, shared experiences and other communal aspect of mindfulness are typically absent or play a smaller role.

A related issue is orientalism, a term popularized by Edward Said,[53] which refers to the Western portrayal of Eastern societies as exotic and fundamentally different. This lens can distort understanding by superimposing Western knowledge and expectations onto conceptualisations of mindfulness, presenting it as a set of techniques rather than a comprehensive way of life embedded within a rich cultural context. Such representations can perpetuate stereotypes, reinforce a binary view of East versus West, and lead to superficial or incomplete or portrayals of Eastern contemplative practices. For example, in the context of Western MBIs such as MBSR, mindfulness is often depicted as stemming from the Theravāda Buddhist school, but this reflects a simplistic representation, neglecting the diverse cultural contexts and modes of practising mindfulness as it is taught in alternate schools of Buddhism around the World.[54]

In recognizing these dynamics, it becomes essential to approach mindfulness with a critical awareness of its cultural variations. More specifically, engaging with mindfulness requires an understanding of its historical and philosophical context, as well as a commitment to honoring its origins. This involves not only practising, teaching and researching mindfulness in a way that respects its roots but also advocating for a more nuanced dialogue that acknowledges the contributions of different Buddhist (and non-Buddhist) traditions.

Recommendations for ethical integration

The integration of Buddhist-informed MBIs into oncology care requires the development of robust ethical guidelines to ensure culturally sensitive

and patient-centred practices. A key ethical principle in this context is the importance of informed consent and patient autonomy. Patients must be made fully aware that the interventions they are engaging with have Buddhist origins, allowing them to make informed decisions about their participation, as per guidelines around shared decision-making.[55] Clear communication is essential in this regard, particularly when introducing interventions to patients whose decision-making may be impaired due to symptoms such as brain fog or intense pain.[56]

It is also crucial for practitioners to set clear expectations when introducing MBIs to patients. Educational materials and initial consultations should emphasize that mindfulness is not inherently a relaxation practice, or a short-term "fix". Patients should be informed that while relaxation may occur as a by-product, one of the aims of mindfulness is to develop a non-judgmental and engaged relationship with one's experiences, including those that may be uncomfortable. Within Buddhist traditions, mindfulness is regarded as a lifelong practice, a journey rather than a destination or an "arrival." This process-orientated view allows for compassionate acceptance of where individuals are, supporting engagement at varying levels and honoring each as meaningful. Such an approach aligns closely with the principles of autonomy and self-determination in healthcare, encouraging both patients and practitioners to be present with their experiences, rather than striving for a particular standard of "correctness." While ethical and competent care remain central, an overemphasis on "doing it right" can inadvertently shift the focus from being present with a client or service user to meeting external benchmarks. Indeed, MBIs may be most effective when they invite a shared journey, meeting each person where they are.

Additionally, clinicians should aim to normalize the challenges that patients may encounter during mindfulness exercises, framing these moments as expected and opportunities for growth rather than obstacles to progress. For instance, clinicians might share anonymized relevant stories of patients who worked through difficult emotions relating to practicing mindfulness or provide metaphors such as the image of a storm passing through the sky, to illustrate how mindfulness can help individuals observe their emotional "weather" without becoming overwhelmed by it.

Thus, flexibility, understanding and compassion are important, particularly in respect of exercises that involve close attention to the body or breath, or discussions around the impermanence of life. For example, a body scan may direct attention to areas of physical pain or discomfort associated with invasive treatments, while breath-focused meditations could evoke feelings of suffocation or panic in patients who have experienced respiratory distress or medical trauma. Awareness of the potential to inadvertently trigger trauma responses, including hyperarousal, dissociation,

or intrusive memories,[57] or distressing physical and emotional sensations linked to post-traumatic stress in cancer patients,[58] is also therefore recommended.

One way to minimize these risks are purpose designed trauma-informed mindfulness approaches, which prioritize safety, flexibility, and patient autonomy. For instance, grounding techniques—such as focusing on external stimuli like the sensation of feet on the floor or the sounds in the environment—can offer patients an alternative to practices that center on internal sensations.[59] By offering choices and tailored adaptations in this manner, facilitators can create a sense of control and safety, which is particularly valuable for cancer patients who may feel disempowered by their medical circumstances.[2] This can be done *via* initial individual assessments to identify potential trigger points or adaptions to be made, which can also act as a further opportunity for shared decision-making.

Furthermore, it is recommended that MBIs seek to foster a sense of community and mutual support, counteracting the social isolation often experienced by cancer patients.[60] Drawing inspiration from the Buddhist concept of *Sangha* (community), these group settings can provide a supportive environment for shared experiences among cancer patients.[19,61] Of course, individualized support should ideally also be available to assist those for whom face-to-face group settings are not always feasible. However, even in one-on-one contexts, the concept of sangha can be incorporated by building strong therapeutic rapport and fostering a sense of partnership through setting mutual goals for the intervention. Sharing resources to outside community support groups or online groups can also foster connections and a sense of community.

Training and continued education for healthcare providers is also critical to the ethical implementation of Buddhist-informed MBIs. Van Gordon et al.[62] asserted that the greatest risk to participants is the lack of understanding and poor teaching of mindfulness by course facilitators. Indeed, mental health practitioners should be equipped with a deep understanding of the ethical and philosophical contexts of these practices while also recognizing their own biases and limitations. Training should therefore emphasize cultural humility and the avoidance of commodification, as well as encouraging ongoing continuous professional development (CPD) around the ethical and deeper philosophical and spiritual dimensions of mindfulness.

Furthermore, these recommendations apply not only to delivery of mindfulness training to patients but to practitioners' own practice of mindfulness. Recognizing mindfulness as a process rather than a solution fosters self-compassion and resilience amongst providers, helping to potentially mitigate burnout and secondary trauma in response to the emotional challenges and triggers encountered at work. Practitioners are thus encouraged to find their own supportive mindfulness communities, perhaps as

part of group supervision, and approach their own mindfulness practices with patience and openness.

Balancing secular and religious elements

Notwithstanding the need to deepen mental health practitioners' understanding of mindfulness, the integration of Buddhist wisdom into clinical settings should strike a balance between respecting its religious and philosophical significance while making it accessible to patients from diverse backgrounds. For example, Buddhist concepts such as impermanence and interconnectedness possess philosophical merit and could be articulated within MBIs independently of their historical religious context. Framing these teachings as philosophical insights with universal applicability facilitates broader engagement among patients from various faith backgrounds, promoting inclusivity and understanding.[63,64]

One means of attempting to do this has been second-generation mindfulness-based interventions (SG-MBIs), such as Meditation Awareness Training (MAT),[65] which aim to reintroduce Buddhist wisdom and philosophy into MBIs, while remaining secular yet still described as spiritual.[66] SG-MBIs are distinct from first-generation MBIs (FG-MBIs) as they employ a wider variety of meditation methods (i.e. not exclusively mindfulness) and include ethical principles and Buddhist wisdom concepts such as interconnectedness and non-self.[67] By being inherently "spiritual," SG-MBIs may prevent the pitfalls of improper integration we have seen previously and address the inclusion of spiritual care in oncology care. However, to date there have been no clinical trials to specifically investigate the effects of SG-MBIs within cancer patient populations, but they appear to hold promise for bridging the gap between MBIs and spiritual care.

Although both FG-MBIs and (to a greater extent) SG-MBIs have their roots in Buddhist practice, it is essential to acknowledge aspects of Buddhist practices that are common to other religious and spiritual traditions, without elevating Buddhism above other religions. For instance, parallels can be drawn between Buddhist teachings and certain forms of Christian meditation, the Islamic concept of *Rahma* (compassion) and *Bhakti Marga Yoga* in Hinduism. The latter encourages sincere devotion and self-awareness to enhance spirituality, which is akin to Buddhism's emphasis on appropriate ethical conduct relating to thought, speech, and action.[68]

Furthermore, drawing connections between Buddhist concepts and scientific principles may appeal to patients who identify as atheists or those in secular clinical settings. For instance, the Buddhist notion of *interbeing*, the idea that all phenomena are interconnected and interdependent, parallels the principles of quantum mechanics where particles

are understood to exist in a state of entanglement, influenced by and connected to one another regardless of distance.[69] Similarly, the concepts of impermanence and interconnectedness resonate with Einstein's theory of relativity, which challenges static notions of time and space by demonstrating their fluid and relational nature.[70] Furthermore, Heisenberg's Uncertainty Principle, which states that we cannot know both the exact position and momentum of a particle at the same time, relates to the Buddhist ideas of emptiness and impermanence, with the latter highlighting that everything is constantly changing and nothing is permanent[71].

By way of example, when introducing the concept of interconnectedness, mental health practitioners might explain how ecosystems function as interdependent systems, where the actions of one organism inevitably affect others. Or a meditative exercise might be framed as an exploration of how the body is both a distinct entity and an interconnected system, influenced by external and internal factors, much like the dynamic systems studied in physics. This approach not only demystifies Buddhist philosophy but also demonstrates its relevance to universal human experiences and scientific understandings of the world.[70,72]

Conclusion

The aim of this paper was to discuss the complexities and challenges of integrating Buddhist-informed practices into new and current MBIs into oncology care while upholding cultural sensitivity and ethical integrity. These practices offer a unique opportunity to enhance the psychological and spiritual wellbeing of cancer patients by addressing not only their psychological distress but also the profound existential questions that may arise during their journey.

For these interventions to be effective and authentic, it is crucial that clinicians and mental health practitioners possess a deep understanding of the philosophical foundations of mindfulness, particularly "Right Mindfulness". In addition to being aware of ethnocentric and orientalist interpretations, such practitioners should be encouraged to reflect on their own beliefs and biases, helping them address and compassionately correct common misconceptions surrounding mindfulness in the Western context, whilst also supporting their own wellbeing in the process. This education is essential to convey that mindfulness is not merely a "quick-fix", but a long-standing ethical practice rooted in its spiritual and philosophical origins.

Moreover, it is recommended that clinicians and mental health practitioners engage in shared decision-making and ensure informed consent when introducing "right mindfulness" to cancer patients. It is vital for patients to recognize that this practice may lead to uncomfortable but

necessary discussions about topics such as death. Acknowledging the normality of challenges in mastering these practices can foster a supportive and motivational environment for patients. Practitioners should also be thoughtful of trauma-informed adaptations and be flexible to accommodate the unique symptoms and struggles faced by cancer patients, ensuring they minimize unnecessary discomfort.

It is important to recognize that the relationship between traditional Buddhist mindfulness and Western clinical mindfulness practices is not necessarily one of conflict, but rather one of contrast. Appreciating these differences allows for a more nuanced integration that respects the philosophical roots of mindfulness whist adapting it appropriately for clinical settings. This distinction helps avoid oversimplification and supports a more culturally sensitive and ethically grounded approach to MBIs in oncology care.

In conclusion, this approach seeks to bridge Western clinical models with traditional mindfulness teachings, in which the thoughtful integration of Buddhist-informed MBIs into oncology care could significantly enhance the holistic and spiritual support provided to cancer patients, paving the way for a more compassionate and ethically grounded approach to their care. However, it is important to maintain an inclusive perspective that does not elevate Buddhism above other belief systems. Recognizing and valuing similar practice concepts across diverse spiritual and religious traditions can promote interconnectedness and foster a sense of community among cancer patients from various backgrounds.

Authors contributions

Chloe Wells: Conceptualization, writing, reviewing and editing. William Van Gordon: Auditing, reviewing and editing. Paul Barrows: Auditing, reviewing and editing. All authors read and approved the final manuscript.

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