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Are We Managing Cancer Problems?

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In the present climate of economic gloom it is perhaps incongruous to take a critical look at a certain aspect of health care. The management of cancer patients world-wide is notoriously inadequate. Society is as strong as its weakest link and sadly one of our weakest links is still the pathetic way we look after our chronically ill. Most people, including the super- specialists, have a blinkered view of patients' requirements to cope with cancer-related problems. These inherent problems arise the moment diagnosis is made. The instantaneous psychological trauma is devastatingly deep and disproportionately long lasting. In addition, the socio-economic impacts on the patient together with the relatives and friends are difficult to measure confidently with any degree of accuracy. It requires an insightful and astute leader to recognize the overall problems and a courageous one to try to solve them.

Globally there are special cancer units, hospitals and even institutions but almost all of them cater for certain aspects of the particular types of cancer. They are all important but a great number of patients' problems remain unsolved. They treat the disease but fail to manage the patient. The patient as a "whole" is not treated in total, body and mind. John Milton summed it up in "Paradise Lost".

> "The mind is its own place, and in itself can make a heav'n of hell, a hell of heav'n".

The model for this suggestion can be constructed in the management of any type of cancer but probably and ideally it is exemplified in breast cancer. The breast has always been viewed symbolically as the center of femininity and when a woman is diagnosed having breast cancer her life will never be the same again. Her world is shattered. This generalization is true at all levels, from the richest to the most deprived. They may live in different "worlds" but the gargantuan impact in their lives is the same. They cannot cope with the problems alone. In an excellent article in a recent international magazine a breast cancer patient wrote "you don't get through this without friends". This very simple comment sums up the special need. Friends and relatives are of great comfort to the patients but sadly and rather paradoxically they can instill fear and mistrust through ignorance with misguided advice and thoughtless remarks. "The road to hell is paved with good intentions" is often a very apt proverb in this context. The psychology of self-loathing patients is occasionally difficult to mitigate.

The hard-core and life-saving treatments, which must be the same for everybody in any civi-

lized and self-respecting society, usually dictate the main direction of management of a particular cancer. In the case of breast cancer these include, of course, appropriate surgery, irradiation, chemotherapy, and relevant hormone therapy. In addition to the obvious and obligatory treatment of the disease, the initiation of subtle ancillary therapy should already have begun. This can be collectively grouped as "support for patients". The support group should ideally be made up of full-time specialist personnel and dedicated volunteers. The volunteers often function admirably with breast cancer patients because they are independent and are regarded by patients as friends. They are not just "any friends" but are well informed, sympathetic and kind and above all they are well adjusted to support patients; they can act as a rock for patients to lean on. The volunteer should also function as a quality audit of the treatment the patients are receiving. They are volunteers with no financial rewards; they simply give and help constructively.

A breast cancer center should, in the modern context, be composed of several sub-specialties, but all must have one common aim, the best care for patients at all social levels. The paragon of breast cancer management is, of course, the highest rate of cure and minimal morbidity in patients with breast cancer, but with the best will in the world there will always be incurable cases. These must be catered for, and they need mainly palliative treatment. These patients, however, will drain more from the common resources and require a constellation of special people to support them from the moment diagnosis is made to the final stages of their lives. Gentle and sympathetic care and pain control form the mainstream of management for this group of patients; eventually for some patients, the need for hospice service cannot be neglected. In all patients, when modern science has failed to cure or palliate, supplementary and complimentary medicines which do not have a negative effect should be considered; at the very least, they give the patient a sense of not being abandoned and may enhance the quality of life. Also, in all patients, their dignity must be maintained to the end. This issue can create a conflict among the many parties involved including their relatives; the inability to tackle it would be tantamount to failure to address intellectually the indisputably important aspect of human life, human dignity.

It is universally accepted that the treatment of cancer, particularly in breast cancer, requires a multidisciplinary approach, but there must always be one person with overall responsibility. When conflicting ideas are presented, the person in charge must make the decision, which may at times be exceedingly difficult and painful. This very same person must view the patient in total, bodily as well as holistically, with compassion and scientific discipline. It is almost an impossible task but again cancer is not easy.

Shakespeare reminded us of the above concept very succinctly in King Lear :

".....we are not ourselves.
When nature, being oppressed, commands the mind
To suffer with the body".