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Ways of informing to reveal the truth about cancer in practice

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The mental reactions of every cancer patient develop in three phases: In the first phase, when the patient learns about his illness, the patient shows vague anxiety, which can lead to panic. In the second phase, when the person has realized his illness and has organized his psychological defenses, there are negative emotional reactions of the patient, ie anxiety, fear of death and more often denial of the disease. The third phase, when the psychological defense system is now established, is characterized either by a positive adaptation to the reality of the disease or by the presence of psychiatric complications.

In practice, there are as many ways for cancer patients to be informed about their illness as there are cancer patients. But to facilitate the analysis of the subject in this article, it is accepted that in theory there are three such ways:

- 1st way: In no case should the cancer patient be informed of his illness. Therefore, the information given to the patient about the diagnosis of the disease, its treatment and prognosis, must not correspond to reality.
- 2nd way: All cancer patients, without exception, must know exactly their disease as well as every detail related to it.
- 3rd way: The extent of the information and the way in which the cancer patient is informed about his illness, must be individualized in each patient.

The first way, that is, the concealment of the truth from the patient in any way, has the most disadvantages: In principle, in this way the patient is deprived of his inalienable right to know his illness and todecide for himself the treatment of. Deprivation of this right creates various serious moral and legal problems. Beyond that, hiding the diagnosis from the patient can never be guaranteed. Deprivation of this right creates various serious moral and legal problems.

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The patient who wants to know the diagnosis of his disease, can learn it in many ways. It does not have to be told directly by the doctor. If he wants, he will eavesdrop on her from the doctors talking to each other in the patients' wards or in the corridors of the Hospital.

He will look for her secretly in his hospital record or he will be convinced of her by the type of treatment he is undergoing. And then the patient loses confidence not only in his doctor, but also in his loved ones. This is how he closes himself. He does not discuss his psychological problems with others, but tries to solve them on his own. Various doubts and suspicions are created for him, often non-existent. These have more adverse consequences on his psyche, than would have the correct information about his illness and the appropriate psychological treatment. When the disease is at a more advanced stage, the daily rejection of the vain hopes that are recklessly cultivated by the doctor and the patient's family, erodes his morale and makes him feel completely alone and helpless.

On the other hand, hiding the diagnosis from the patient makes it difficult to work with him to treat the malignant disease. The ill-informed patient is very difficult to persuade to undergo complex and expensive treatments or dangerous surgeries.

But also the second way of information, according to which all patients, without exception, must know exactly their disease and every detail related to it, is not without drawbacks: In principle, in addition to the right of the patient to know his illness, there is also his right not to want to know the diagnosis. But even those who want to learn the diagnosis, will not benefit, if they hear from the doctor whole and naked the truth, that e.g. will die in a short time.

The third way, that is, the individualization of the information of each patient, implies the most advantages for the patient. The patient's psyche is always taken into account. Patients who do not wish to know their illness are not notified of the diagnosis. Those who say they want to be informed are provided with as much information as they want to hear and as much as they can afford. In this way the patient is informed about his illness, as he also has the right, he cooperates better with the treating doctors and the family, he decides for the treatment that he will follow, and generally he faces his problems with greater composure.

. **Update on daily practice:**

It is better to tell the patient the truth than to lie and it is better to tell the "sweeter" than the "bitter" or raw truth

This is the general principle applied by the author of this article in informing cancer patients. If we consider that "truth" and "lie" are two drugs with different psychological action, the drug "truth" brings better results than the drug "lie". However, as with all medicines, the truth should not be given in large, excessive, "doses" and even "once". The patient who does not want to, will not take "the medicine". Whoever wants, will be given the "quantity", which is estimated to be tolerable and which will be to his advantage. It is better not to give the whole "one-time dose" but intermittently and to emphasize the optimistic rather than the pessimistic news. The doctor at the beginning gives a little information to the patient and encourages him to ask again, in order to clarify any relevant questions. In this way he gives to the patient the initiative to reveal to him how far he wants his information to go.

Very rarely the information of the patient is completed during his first meeting with his doctor. When the patient asks questions, the doctor is not impatient. On the contrary, it encourages the patient to continue asking questions. He should not consider informing the patient a waste of time or chores. Informing the patient is the duty of the doctor and in fact sacred.

The doctor who treats cancer patients knows that with the current data the diagnosis of cancer does not necessarily mean death from this disease and much more does not always mean death in the near future. It must also take into account that huge advances are being made in cancer research and treatment on a daily basis.

So tomorrow may be a different day for his patient. When informing the patient the doctor is calm. He has all his attention focused on the patient. She looks him in the eyes. He immediately realizes any discomfort or sadness. Avoids expressions that create a sense of impasse. Always, even when the exams are unpleasant, the good doctor finds a way to open a window of hope for his patient.

Suppose a patient, a smoker, 50 years old, with a shadow on the chest x-ray, highly suspected of having cancer, visits the doctor for the first time in his office. When the doctor talks to the patient, the words "the disease" or "a lesion" or "drug treatment" are used instead of the words "cancer" or "tumor" or "chemotherapy".

These terms are used not because we want to lie but because we seek to avoid using terms that would unnecessarily frighten the patient. At the same time, during the first communication of the doctor with the patient, it is considered appropriate not to reveal to the patient the whole truth "once" but only part of the truth.

If the patient is not satisfied with this "dose of truth", he will ask a second or even a third question and thus will show how far he wants his information to go. After two, three or more questions many patients directly ask the question: "Doctor, do I have cancer?". Here the doctor needs absolute attention and composure. The way the patient is asked the question, the words he uses, his facial expression, the tone of his voice, the movements of his hands or the spasms of the muscles of his face, even the posture of his body, betray his agony. It is very easy for a doctor to tell a lie right now: “No. No way. You do not have cancer. " He also knows that this is the answer any patient would want to hear. He may think that in this way he becomes pleasing to the patient and his family. He may think that this is how he solves the patient's anxiety.

But in reality the lie is the escape from reality. It is greed on the battlefield. But it is just as easy for the doctor to tell the raw or "bitter" truth: "Yes. You have cancer. " It's that easy. But the doctor must keep in mind that the meaning of the term "cancer" is different for the doctor and different for the patient. When the examination is completed and a histological examination has been performed and the diagnosis of the malignancy has been made unequivocally, the information may be as follows: “The histological examination showed that there is a lesion, e.g. in the upper lobe of the right lung, which can be completely removed ". After the operation the patient may ask: "Doctor, was it cancer?"

And the answer: "Indeed, a malignant lesion was found, which has been completely removed. But in order to achieve a better result, you have to undergo additional treatment, etc. " or "Indeed, the biopsy showed that malignant cells were present in the lesion but these were completely removed along with the lesion, etc." That is, the doctor does not give false information to the patient. He is telling the truth. But he tries to tell the "sweet" truth. It does not disprove the diagnosis of malignant disease. The word "indeed" confirms the patient's suspicions, while avoiding the use of the term "cancer", which could panic the patient despite the fact that the patient himself used this term in his question. At the same time, the optimistic data are underlined. For example, the patient is provided with information that exudes optimism, which, of course, is true, that is, that the lesion has been completely removed. The doctor's mission does not end after the first information or after the removal of the malignant tumor from the patient's body. The patient needs the support of his doctor from the moment of diagnosis of the disease until his recovery or until his death.

And when we say support, we mean the psychological element of cancer treatment. The psychiatrist and psychotherapist Fiore, who was himself a cancer patient, distinguishes six stages, during which the doctor, possibly supported by a team of specialists, can and should help his cancer patient:

- First, at the time of diagnosis, it will help him to accept and understand the diagnosis of the disease.
- Second, in the preoperative period it will help him prepare for the results of the surgical treatment.
- Third, after the operation, it will help him to take over and adapt to the new situation.
- Fourth, during postoperative adjunctive therapy will prevent the premature cessation of treatment.
- Fifth, after the end of the complementary therapy will help him to return to active action.
- Sixth, during the distant follow-up will help him to deal with the fear of recurrence of the disease and the distant possible side effects of the treatment.

Finally, when the patient enters the final stage, he needs more than ever the support of his doctor. At this stage, but also in the previous ones, the doctor should never determine the survival time of the patient with phrases, e.g. "You have a one month survival." Such an answer is a very serious mistake, because the doctor cannot know for sure when his patient will die.

If the prediction is not verified, as has happened many times in the past, the doctor will at least lose the appreciation of the patient and his family. But even if it were possible for the doctor to be absolutely sure of the prognosis, in this case he should not announce to the patient the date of his death, because of this announcement no one has anything to gain. On the contrary, it is certain that this announcement will unnecessarily burden the unfortunate patient with unbearable anxiety, fear and despair. Also, phrases such as "there is no hope" or "I cannot help you anymore" and the like should never come out of the doctor's mouth. There is no

way that the doctor cannot help the cancer patient.

Even when the disease is not curable and the patient is in the final stages, even then, perhaps then more than ever, the doctor has "something" to offer. It can give an analgesic that for a few hours will relieve the patient of unbearable pain, it can change the patient's position so that he sits more comfortably, give him a gentle caress or at least say a good word. All this is not just "something". It is very important for the sufferer.

But in order for the doctor to develop such a relationship of absolute trust with his patient and to maintain this relationship until the end, it is absolutely necessary to be honest with him from the beginning to the end. It is not possible to build and establish trust in insincerity and lies.

Only that the honesty of the doctor cannot and should not be a purely professional citation of scientific information, such as those he would provide, e.g. a lifeless computer. The honesty of the doctor must be combined with undivided interest in the patient. With unconditional love and with humanity.

And the role of the family? What is the attitude of the spouse, parents, children and other family members? Family members should not deny, but accept the existence of the disease and support the patient and express this support. The message they will send is that we (do not have) have a health problem in the family. We are by your side, as always, and we will do what science demands.