

## **Oncology and compassion**

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The diagnosis of cancer includes a lot of diseases with several outcomes according to tumor location, disease grade, stage, risk factors and treatment response. Several improvements both in surgery, systemic treatments like chemotherapy, targeted therapies and radiotherapy have reached a high rate of cure, tumor control, increased overall survival or longer disease free survival. So, actually, a diagnosis of cancer doesn't mean anymore a sure death. Nevertheless, it has a huge impact on patients and the patient is involved with several fears in many ways.

Competent and compassionate care of cancer patients submitted to radical treatment presents several difficulties. Any serious disease but specially a history of cancer acts on the patients like an amplifier of whole life and biography. It can be reflected frequently in patient attitudes and in their response in front of the knowledge of the diagnosis and the way they cope against the disease when receiving hard and complex treatments.

We can make a portrait of the main life areas that can be impaired in patients fighting with cancer: Lose of self-development capabilities, lose of work, impaired economic issues, creativity, etc. Also patients make questions about the meaning of this specific situation facing cancer: "Why a cancer?, Why me?". Frequently cancer is often followed by impairment or lose of close relationships, fear to be a carry for their relatives or family. Also sometimes patients try to scape from reality denying the diagnosis or the fate of the amount of difficulties alongside of the disease, can rely only in unproved remedies or directly can reject reasonable curative treatments. Finally, cancer patients can prove the understandable fear of loss of autonomy, dignity, suffering from pain, disability, secondary effects, chronic toxicity, psychologic distress and mainly fear about facing death. In fact, is all about the losing of reasonable self-life expectations regarding all these areas mentioned above.

So, what can we do as oncologist when facing the patients with so many difficulties? First, we must comfort the patient. Is of foramount importance to give information in a comprehensive way, with the pace patient can tolerate. Is important to assure that patients understands the disease, the consequences, the prognosis,

the treatment choices and combinations recommended by a multidisciplinary oncologic team, the sequelae or limitations following treatment, and how to manage them. It has been demonstrated that patients understanding all the scenario alongside the disease are less reluctant to hard treatments indications.

We must clarify the disease evolution or prognosis, but according to the huge improvement of treatment efficacy, we must maintain always an attitude of hope. More increasingly we can obtain a total control of apparently incurable patients. Nowadays we can reach complete response also in metastatic disease, mainly with the improvements in targeted therapies and immunotherapy. Therefore we should not rush into giving a bad prognosis to the patient according to the individual possibility of response.

Also we ought to assure the patients that they don't will be left alone without attention alongside the process of diagnosis, treatments or follow-up. But importantly we can also have an impact in the five areas mentioned above. We can give support to the patient in the path to regain their capabilities, return to work, creativity, and the will to fight again. Patients can be helped towards the understanding that sometimes all cancer process, illness and coping with treatments can be a way to find meaning not just for this moment but also for the whole life. Always patient must find help by the knowledge that he will not be abandoned whatever be their social, community net or family support. He will be accompanied by the oncologic team. And not infrequently a strong friendship can be established between both parts. Also, that through the disease is possible to face the reality of life, to be more adjusted to the demands and the difficulties we must face alongside our existence and be a personal growth opportunity. Finally, that limitations, autonomy loss, life threatening and death are not the last word, that all of us can transcend in several ways independently of our beliefs or credo. So we can inspire hope in all these areas with patience, charm and compassion.

Also by being aware that may ourselves as caregivers will be one day at the other side of the table, pushing us to give the best care as possible. We must convince us that working with competence, given the best support, hope and compassion we can give really human attention to our oncologic patients. So, deep knowledge of psychology, anthropology, ethics, metaphysics and theology give us an opportunity to made real this compassionate approach to oncologic care in normal practice. And as believers we can find out that we are more aware of our ability to give compassion precisely imitating the Lord.