In this paper the authors discuss the continuing dilemma for doctors who have to tell a patient that he has cancer, particularly the moment when he should confirm a diagnosis that most patients have already sensed. For the writers it is most important that the doctor should be a bridge for the patient to return to his everyday world from the physical and spiritual isolation which his disease has created.

It is a natural tendency for man, optimistic by nature, to consider that misfortunes are accidents which cannot directly involve him and his immediate circle. He does not deny the reality of disease and death but he cannot conceive of them as relating to himself and even more so when that disease is named cancer.

Cancer is regarded as a death sentence: by definition it signifies the distress of isolation, the degradation of mind and of body, death itself. Death in these circumstances is not only the final outcome of the disease but also progressively involves the process of living, transforming the human body into a breathing cadaver and at the same time allowing the patient to remain in a state of self awareness and anticipation of his own death. Therefore both the patient and the doctor develop a special psychological reaction to cancer centred upon what we may call the 'drama of the truth'.

The data from the literature affirm that almost all patients sense the true diagnosis, especially when the disease begins insidiously, or when, following clinical and laboratory investigations the patient is moved to a different department in the hospital or heroic treatments are proposed (Saunders, 1967; Milton, 1972 and 1973; King, 1973; Weigh, 1973; König, 1973; Kübler-Ross, 1969 and 1974; Condreau, 1975; Hyde, 1975; Wilson, 1975). Tiny changes in the attitudes of the doctor or the family – for example, exaggerated attention and kindness or the opposite reaction of withdrawing from the patient – are wordless communications. And all too often the remarks of other patients reinforce the patient's intuitive knowledge of the diagnosis.

Understanding the truth

Essentially the problem is not 'to tell or not to tell the truth' but in allowing the patient to face the truth because in no disease is the truth sensed when a diagnosis is reached so urgently as in cancer and in no disease is the psychological impact greater. Man considers himself a living human being through his body, a unique and irreplaceable instrument by which he is inserting himself into the real world. Therefore the development of a disease which causes a progressive reduction in relationships with the surrounding world seems logically, at least to some extent, an inexorable attrition during life of that instrument, the body itself. Cancer is thought of as a voracious parasite, which invades the body, absorbing its vitality and trying to substitute for it in man's relationships with the world. The patient considers himself brutally disposed of his single modality of existential expression, his body, which becomes a 'nutrient medium' for this parasite-like disease. Psychologically alienated from his body the patient tries from this new position to maintain his attachment to his attendants for their moral support: an illusion of his necessity for and continuity with the world. But his doctors and nurses avoid him or exaggerate their care for him so that again he becomes conscious of his disease. Cancer estranges him from his psychological universe. Thus his alienation from his own body is complemented by the loss of the surroundings to which he relates, together with his failing belief in the value of life and in the significance of his own existence – a psychological agony much more distressing than physical death.

The doctor should be a bridge

It is essential for the doctor who takes upon himself the responsibility for a patient suffering from cancer to confirm the truth sensed by the patient to be a connoisseur of the patient's psychological make up so that through his own communication with the patient he does not become a co-author of the patient's death. He should seek to become a bridge, perhaps the only bridge, for the patient's return to his everyday life. When the patient asks the doctor for the truth he is in fact exploring to what extent the doctor can help him during his efforts at psychological adaptation to the reality of the disease. To dissimulate now is dangerous because it deepens the patient's consciousness of his solitude. But, if the disease showed itself abruptly and the
The relief of solitude

Essentially the value of telling the truth to a patient suffering from cancer is to relieve his solitude and to restore his self respect and dignity. Furthermore, the doctor must sustain the patient in his efforts to reevaluate his life up to that point and to make him conscious of the traces he will leave behind which will ensure him a place in the memory of those who knew and loved him. Sometimes the heightened consciousness during the remaining period of life builds a new social identity for the patient, awakening in him creative potentialities. Death, or the prospect of death, thus gives some meaning to life, sublimating distress into some sort of creative activity. But whatever motivation can be found the truth of cancer is of such brutality that it becomes for the patient the equivalent of a death sentence, and only with the most profound knowledge of the patient’s personality and his own sympathy can the doctor help his patient. Only with this empathy can the doctor assuage the pain of those moments when the patient, irrespective of his actual clinical condition, becomes in his soul a dying man. When he says to his patient, ‘Yes, you have cancer’, in the depth of consciousness rises the logical answer, ‘Then let me die’. Only a very special spiritual and psychological capacity in the doctor can sustain the patient in transcending the fatal break in his existential being.

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