

## Cancer and truth

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*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; Heyde, 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 dispossessed 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

patient's earlier experience of life does not permit of reflection about his own death, and the progress of the disease is rapidly lethal, it is better to avoid the truth for a time. Nevertheless to prolong indefinitely the pious lie means to create for the patient, who progressively becomes more aware of the diagnosis, a sense that his personality is being amputated and that he is thought to be incapable of enduring the truth. It also makes him fail in the last test of his life: to die with dignity.

However there are two categories of patient who require very special care in handling: 1) those who, from their first contact with the physician, wish to know the diagnosis and try to defy it; 2) those who, a long time after all investigations have been completed and when treatment has been started, do not show any curiosity or anxiety. The 'courage' of the first group should be considered as their last conscious effort to avoid the truth. To confirm the truth is either to bring them to the threshold of suicide or into an apathetic, hopeless state or to make them resistant to any treatment to the point that it may be absolutely forbidden.

In approaching the second group of patients it is necessary to know not only their psychological make up but also their reactions in the ward and the attitudes of those looking after them. The patient is aware of the diagnosis but he has isolated himself completely from the surrounding environment which has not provided any fulcrum and is now living his own death. He has 'abandoned' his body, the 'nutrient medium' for the parasite-like disease, into the doctor's hands without being able to show any effective participation in his own treatment. The word 'cancer', carefully avoided once, recurs more and more often in his vocabulary as a kind of self-destructive anger. To discuss the evolution of the disease, even to confirm the diagnosis, seems the only solution which can permit of a mobilization of all the patient's resources in cooperating with his treatment and restoration to health.

For the slowly progressive cases when the patient has instinctively known the diagnosis the doctor, from his knowledge of the patient's personality and his likely survival time, must tell the truth or confirm the diagnosis already guessed at by the patient. These patients may even refuse surgical intervention whether this be in the hope of a cure or a palliative.

In summary, it is best to delay telling the truth to those patients with quickly lethal disease; to those patients who do not instinctively know the diagnosis; and to those whose momentary wellbeing does not allow of a mental adjustment to their own death.

### 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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