

HOSPITAL WORLD FORUM

how can cancer education be furthered?

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A small proportion of doctors are still opposed to the education of the public in medical matters. However, most doctors favour it and would like to see knowledge about cancer more widely disseminated. This represents a considerable change in outlook as compared with a generation ago, but the change is not complete and the 'old guard' within the medical profession has still to be persuaded to the majority view. This deserves priority not because any section of the profession has tried to prevent the dissemination of knowledge through the press, radio and television—and in recent years many informative newspaper articles have appeared and several excellent medical documentary programmes have been broadcast—but because it affects what happens in the doctor's surgery. Individual patients are not given information even when they ask for it and when they have sufficient basic knowledge and intelligence to understand the situation. This is not to advocate that all patients who have, or may have cancer should be told all the relevant facts, but certainly to advocate that the doctor-patient relationship should not be jeopardized by the doctor underestimating the knowledge, intelligence and fortitude of his patient. Part of the fear, and hence suffering, of the cancer patient is generated by

the suspicion, sometimes amounting to certainty, that the doctor is not telling the truth. Such suspicion represents a barrier between doctor and patient for which the doctor is responsible.

Because successful treatment is difficult when the disease is at all advanced, practising clinicians tend to look to "Cancer Education" to facilitate earlier diagnosis. The American Cancer Society have given wide publicity to seven danger signals:—

1. Unusual bleeding or discharge.
2. A lump or thickening in the breast or elsewhere.
3. A sore that does not heal.
4. Change in bowel or bladder habits.
5. Hoarseness or cough.
6. Difficulty in swallowing.
7. Change in a wart or mole.

and has recommended that persons with such symptoms or signs should consult a doctor immediately. Undoubtedly, if this advice were followed, and if there were far fewer delays than at present consults his doctor and the start of relevant treatment, the frequency of successful treatment would rise. However, the size of the problem would still loom very large.

Most doctors, both general practitioners and hospital consultants, encounter cancer as a disease which requires early diagnosis and treatment. This, in modern parlance, may be said to be their "image" of the disease. The possibility of preventing it,

indeed the many possibilities of doing so, are not uppermost in their minds; and they do not fully appreciate their responsibilities in the field of cancer prevention. The difficulty is that the time for cancer prevention is before—perhaps 20, 30, 40 or more years before—cancer actually develops. The general practitioner may well feel that it is not his job to lecture healthy young people on how to avoid cancer. On the other hand, he has a duty to instruct them whenever the opportunity arises. For this purpose he should be well-informed. He should know something about the chemical carcinogens which may be encountered in industry, about the risk of skin cancer from exposure to ultraviolet light and about the importance of genital hygiene in both sexes in the prevention of cancer of the uterine cervix. He should realise how his own attitude towards the association between smoking and lung cancer may influence his younger patients. If he still smokes he should avoid confounding the facts with his own emotionally-motivated reasons for doing so. For a doctor to smoke during consultations with young patients verges on irresponsibility.

Certainly, let there be more well-informed articles in the popular press (and less ill-informed ones!); let there be more documentary programmes on radio and television, let the public be given basic information on all aspects of cancer in such a way that they are interested in the subject even though

they are not personally involved with the disease, and let them be instructed in the matter of preventing cancer. All this is vitally important, but the impact of knowledge so imparted may be largely lost unless it is properly backed by the medical and allied professions themselves. Knowledge casteth out fear. This is very true of cancer.

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The education of the public on the onset of cancer is an extremely difficult problem. Human beings are tremendously suggestible and can develop the first signs of cancer of the stomach and the bowel with great ease for they are loss of appetite and indigestion for one and diarrhoea for the other, very easy symptoms to develop from knowledge plus imagination and introspection. The human race is psychologically easily disturbed and the fear of cancer, i.e. cancer-phobia, a very easy complaint to acquire and very hard to combat. It is said that most of the violent suicides of elderly people are due to this cause. One patient of mine illustrates this very well. A highly strung Welsh woman developed signs of bowel cancer, a very satisfactory operation was done and she was told that it was a simple structure and would never worry her again. She was delighted, and

returned to her housework and her home. Three years passed pleasantly and her general practitioner retired and passed his practice to a lady doctor who did not approve of "deceit" and decided to tell the patient after warning her medical son that she was going to do so. As soon as the lady knew the storm broke and symptoms of recurrence appeared. The lady doctor was worn out with the patient's complaints and sending her to specialist after specialist. Her home was neglected and her husband's practice as a dentist suffered and eventually in the depths of depression and hypochondriacism she turned on the gas. The inquest showed nothing wrong at all and not a sign of recurrence. Two weeks later the son, now qualified, drowned himself in the Serpentine, so the lady doctor's policy converted my work from 100 per cent cure to 200 per cent death rate.

"Nurses seem to hide their disease"

Another undisputed fact is that doctors and nurses fully versed in the manifestations of the disease have no better recovery rate when operated on than do the general public. In fact my own feeling is that nurses seem to hide their disease till it is too late, possibly because they see so many of the failures of surgery and forget the successes. In my own hospital there have been six such, one matron and five sisters, who left obvious breast cancers till it was too late, and there is another at the present moment resolutely refusing operation, so perhaps with women especially, a knowledge of what cancer is like may lead to concealment.

America is much more open about cancer and people are freely told when they have it, and the last minutes of famous personalities

dying from it are described. This is now spreading to this country as in the recent case of Richard Dimbleby. To most people the idea of spreading the fact that they have cancer is distasteful; they prefer to die quietly, not as objects of pity and isolation in their last days, and if they are cured of cancer they are happier if they do not know. It is no source of pleasure to anyone to know they have only at best an even money chance of continuing to live. Ignorance is bliss and knowledge in these circumstances can only lead to anxiety and misery, so do not try to find out, do not read your notes or try to find out from nurses or your surgeon's assistants behind his back. If you find out you will be driven to quacks, medical and unqualified, take steps to rob the government of death duties, and possibly turn to a religion which may well be the wrong one.

In America they say that the cases come earlier now owing to an intensive educational campaign but this may be part of the general improvement occurring everywhere medically. Women are instructed to palpate their breasts once a month and make entries in their diaries. Any issue of blood from any route except the nose should drive you to the doctor as should a persistent cough or development of a change in digestion or bowel habits or a loss of appetite, or loss of weight. Ulcers or lumps in the skin or changes in moles should prompt enquiry. These changes should lead anyone to consult a doctor anyway, but if you know them to be the first signs of cancer you may delay going. There is such a thing as too much knowledge in matters of health. The safest thing to do in the latter half of life is to consult your trusted doctor straight away when anything abnormal appears.