CANCER—THE PATIENT AND THE FAMILY

SYMPOSIUM

HELD

IN THE EDWARD LUMLEY HALL

AT

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Miss Esme Few: I should like to have a word on this because I do think we ought as nurses to think about transferring patients' care, as opposed to admission to hospital and discharge home. The opportunity for integration is there for nurses to be involved in planning the transfer of their patient from nursing care at home to nursing care in hospital and back home again.

DR. ROE

Whether or not to tell a patient that he has cancer is a vexed question. We have heard several opinions about this already this morning. It can be cruel to tell and it can also be a cruel affront to a patient's integrity not to tell. I could subscribe to no general rule on this. It is matter which requires the full capacity of human judgement. But here we have a specific question for our speakers.

Q. Do you feel that it is always the doctor who should tell the patient the diagnosis?

A. Dr. Meyrick: I have expressed my view that the patient should always be told and I think that the family doctor is the right person to do this. As far as my patients are concerned, I try to keep a fairly strong rein on the surgeons and physicians who are looking after them and always discuss with the hospital doctor what we shall say, and when the patient should be told, but I always do it myself. I think that is right for the family doctor.

Mr. Raven: I believe on the whole that the patient should be told, but told in the kindest possible way in the presence of a loved one. Otherwise they feel their strength is failing and they are being misled. Many patients do know the truth themselves so I feel that either the clinician who first sees the patient and who is responsible for the care, should discuss the diagnosis and treatment in the kindest way with the patient and family. I agree with Dr. Meyrick, the family doctor can also do this. But there are a few patients whom the family say must not be told and I respect their wishes.

Dr. Lindy Burton: Yes, certainly I think that the family should be told. In every instance the family has to mobilize all its coping strategies to face up to malignant disease, and to the problem of nursing a child through this disease. To mislead parents and, not to stress the severity of the case, deprives them of the opportunity to respond fully to what is happening. As Mr. Raven has stressed, one must obviously temper whatever is said with hope and one must be able to update one's information constantly. One must not forget, for example, that children with leukaemia are now in remission for four or five years and information initially given regarding the disease may become rapidly obsolete,

so that regular reviews of information concerning the diagnosis are required.

Miss Esme Few: I recall to mind a young man in his early thirties, whom I nursed when I was the late Professor Kekwick's ward sister at the Middlesex Hospital. He had a carcinoma of the stomach and he was not told. He was told that he was to have an operation, to which he agreed and when he was recovering in another ward of the hospital, we received a very urgent telephone call asking if Professor Kekwick could come and see this particular patient because he had inadvertently seen the pathology report of his carcinoma, and was in a very gravely disturbed state and was asking for the Professor. I find it is very difficult to say "this one person" is the one who must always tell and no one else. I think circumstances present opportunity to a variety of people, and in any form of counselling it is most interesting how people select the person whom they wish to challenge or whom they wish to ask. I do honestly feel that providing all things can work together for good and the patient is in a fit state to hear what his condition is, then he should be told. Now sometimes it is a nurse who finds herself in this position and she is sometimes under very strict instructions that it is not her job to tell, but I do think the nurse always should endeavour to tell the truth. No harm ever comes from the truth and whilst she need not directly tell the patient what his condition is or what its outcome is thought to be, she can answer truthfully. I recall a patient saying to me "Am I going to die?" and I said "We all have to die some time but I shall try and help you at this time, not to die. That is why I am looking after you, but I shall ask the doctor to come and talk to you". I just want to say this because I feel the truth is important, and it does not have to be always the direct answer.

Q. Why do you not get all kinds of cancer patients together in clubs to show that there are patients living normal lives after cancer treatment? These well doing patients give hope to those newly threatened. Would the speakers favour the setting up in this country of a voluntary organization such as those sponsored by the American Cancer Society for the rehabilitation of laryngectomy, mastectomy and "ostomy" patients?

A. Dr. Meyrick: I think that one must take a little care here. I hope that in my paper I put this in better perspective. I think as a general principle it is wrong to segregate patients from the rest of the community simply because they have cancer. They are normal people, or at least normality is our objective. Therefore, the indiscriminate setting up of various clubs for cancer patients would not receive much approval from me. On the other hand, I think that there is something to be said (Mr. Raven is going to have a word about "ostomy" care), where patients