

**A STUDY OF THE PHYSICAL, PSYCHO-SOCIAL
AND SPIRITUAL CONCERNS OF
BREAST CANCER PATIENTS**

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Chapter I

Introduction

INTRODUCTION

Cancer is the most feared of all diseases known to man. Regardless of one's intellect, educational background or social standing, no other diagnosis is capable of producing the terror stricken response that cancer evokes.⁽¹⁾

Cancers in these days of technological advances still cause much suffering and many deaths. Cancer patients fear they may suffer terrible pain, waste away and die before their hopes and goals in life are realized.⁽²⁾

No one has a better realization of what it is like to be the victim of breast cancer than those who, in reality have encountered and experienced it.⁽³⁾ The diagnosis of cancer initiates a grief reaction that is associated with nearly overwhelming loss, or a threatened loss of a body part.⁽⁴⁾

Breast cancer is the most common malignancy and the leading cause of death among women.⁽⁵⁾ The annual registry for cancer of Alexandria University Hospital showed that 1643 cancer female patients were seen in 1992. The most frequent cancer affecting women in this group is breast carcinoma (749 patients) with a relative frequency 45.5% of all female cancer. It is also number one in the total new cancer cases seen in 1992.⁽⁶⁾

The cause of breast cancer is not known. Breast cancer occurs most often in women who are middle-aged or older. It

also generally appears in women of higher socioeconomic background. Predisposing factors include a family history of breast cancer, no pregnancy or pregnancy after the age of thirty and no lactation, early onset of menses or late menopause. There is also a possible increase of risk with the use of estrogen as a treatment for other symptoms.⁽⁷⁾

The earlier treatment of breast cancer is instituted, the greater the chances of cure. However, every woman who discovers a lump in her breast has a fear that it is carcinoma. Unfortunately, this fear too often results in concealment of the condition until it is too late.⁽⁸⁾

Breast cancer and its treatment represent a significant problem for health care providers. Both the disease and the treatment produce temporary and permanent biological, physiological, psychological and chemical changes to the human body. These changes interfere with the patient's individual abilities to function in society.⁽⁹⁾ Thus breast cancer and its modes of treatment produce a number of concerns resulting from the interruption of individual life styles and the alteration in daily functioning.⁽¹⁰⁾

Francis⁽¹¹⁾ defined patient-health concerns as "statements made by patients or other informants which indicate an opinion, interest in, or uneasiness related to patients' state of health, conditions surrounding it or their environment".

A study on concerns of general cancer patients reported five major categories of concern themes of terminally ill adult cancer patients. These were physical or physiological concerns, illness-related concerns, social concerns, personal concerns and spiritual concerns.⁽¹¹⁾ Rosin et al.⁽¹²⁾ found that pain was the leading specific concern for the majority of cancer patients. While in another study, it was reported that the main concern of the cancer patients was fear of cancer itself and the spread of the disease.⁽¹³⁾ However, there is dearth of studies in the area of concerns of breast cancer patients under different lines of treatment especially from the patients' perspective.⁽¹¹⁾

Breast cancer is a very complex disease, and with the complexity of disease goes the controversy as regards to treatment modalities.⁽¹⁴⁾ It is generally agreed that treatment of breast cancer depends on various independent, though closely interrelated, variables. These variables are related to the patient as an individual, also the age, menstrual state of the patient, the nature of the growth namely the microscopic appearance of the tumour and the extent of the disease process.⁽¹⁵⁾ Traditionally mastectomy is the line of treatment followed for breast cancer patients.⁽¹⁶⁾

The various surgical lines of therapy range from the simplest approach lumpectomy to the most elaborate procedure radical mastectomy, accompanied possibly by ovariectomy.

Ovarectomy may be done in certain breast cancers dependent on hormones for growth. ^(17,18,19)

Breast cancer is considered at present a systemic disease. Thus in most cases local treatment has no impact on distant dissemination. Therefore cancer management uses the chemotherapy and radiation therapy approach in conjunction with surgery. Other lines of treatment include hormonal therapy and immunotherapy. ^(8,10)

SURGICAL TREATMENT AND PATIENTS' CONCERNS

Surgical treatment is usually the first line of treatment used for cancer. However, the choice of surgical procedure is based on the clinical evaluation of the individual patient. The surgeon's decision is based on a review of the patient's age, risk factors, location of tumour, histologic status, predictability stage, and an evaluation of the patient's medical history and psychologic status.⁽²¹⁾

The surgical procedures used in treating breast cancer include several approaches. These range from radical mastectomy to wide excision of the lump. Radical mastectomy entails removal of the breast, the overlying skin, the pectoral muscles and the axillary lymphatic glands. At the present time, this procedure is not as popular as it was in the past because of the disfigurement produced.⁽⁸⁾ Patey mastectomy is another surgical approach and very similar to radical mastectomy. However, in this surgical procedure the pectoralis major muscle is preserved. It provides adequate tumour clearance without obvious deformity that results from removal of the muscles.⁽²²⁾

Nowadays the surgical procedure modality used is simple mastectomy. In this technique the surgeon first removes the breast and takes a biopsy of the axillary nodes. Further simplification is now used in the form of wide excision of the lump followed by radiotherapy.^(18,23)

Should the surgical line be adopted some special consideration have to be made about patients' concerns and how to handle them in the pre and postoperative phase of the treatment.

Women about to undergo a mastectomy for breast cancer face one of the most traumatic experiences of their lives.⁽²⁴⁾ The patient have been reported to suffer from a constant feeling of sadness, loss of interest and capacity for enjoyment, and performing daily living activities and variable degrees of insomnia.⁽²⁵⁾

Thomas⁽²⁶⁾ illustrated that anxiety level of both the patient and the family reaches a peak in the preoperative phase. Whichever the surgical procedure alternatives is followed, all possible outcomes generate the dramatic uneasiness of mind of both the patient and the family. The patient concerns have been reported to be anxieties about anaesthesia, loss of consciousness, doubts about results of surgery, disfigurement, hospital environment, loss of control about ones own life events, family and the unknown. The patient family fears include shame, feelings of anger at the patient's absence, whereas children experience separation anxiety.

It is also important to note here that the patient who undergoes a two-stage procedure, whereby the biopsy and the mastectomy are separated in time by a few days or a week, may be in a better frame of mind to marshal some of her coping

resources. Knowing what has been diagnosed before the operation takes place, and what may be expected during the operation relieves the patient of some of the fears of the unknown. For some patients on the other hand, the delay between biopsy and mastectomy in a two-stage procedure may be agonizing. This is true if immediate action rather than delay is characteristic of the individual patients coping pattern. For such patients a one-stage biopsy-mastectomy procedure may be preferable from the psychosocial perspective.⁽²⁶⁾

With the fear of mutilation, there is also the knowledge that surgery is necessary because they have a malignant disease. This, to many ~~lay~~ and more sophisticated people as well means an inevitable doom.⁽²⁴⁾

Preoperatively it is helpful for the surgeon and nurse to speak to the patient together. This with the possible presence of a close relative to gain informed consent in a smoother manner.⁽⁸⁾ This approach enhance the possibility that the patient and the family are better prepared from the start. Sessions between patients and members of the family are advantageous for they could be geared towards expression of feelings, what the disease means to them as a unit and how they feel it will affect their future life together. Listening to the family is important for much support may be needed by the patient and the family separately or in conjunction.⁽²⁵⁾