

## Who to Treat First: The Oncological Patient or the Oncological Disease?

Joana Espiga de Macedo<sup>1</sup>  
Manuela Machado<sup>2</sup>

<sup>1</sup>Department of Medical Oncology, Centro Hospitalar de Entre Douro e Vouga, Portugal  
<sup>2</sup>Department of Medical Oncology, Portuguese Institute of Oncology, Portugal

**Abstract**

The Patient's body has been transformed into a field of battle between the scientific professionals and the disease harbored in an individual Patient. The disease may be seen as an autonomous identity, independent, of the individual characteristics of each one. Our aim is to alert Physicians that besides all scientific knowledge of the treatment of the more diversified diseases, one must never forget to respect the human being as a whole, which by chance has been invaded by a disease. We as doctors are responsible for the Patient's Integrity, Security, Control, Information and Decision, Dignity and Autonomy. These are the six cardinal points for best caring of our Patients. This should be our goal as good medical practitioners.

**Keywords**

Integrity, Security; Control; Information and Decision; Dignity and Autonomy

**Core Tip**

For long, Physicians have dealt with a binominal ethical dispute between treating the disease or the Patient. We as Physicians have the purpose of treating and caring for the living ones. We should have knowledge of the disease, but the patient in the first place; we have a dual purpose. Diseases *per se* don't exist, but diseased patient's do. This is what we call the "Fundamental Medical Act". This should be the touch of perfection that all Physicians should be willing to achieve.

**Introduction**

For long, Physicians have dealt with a binominal ethical dispute between treating the disease or the Patient. What is in fact expected from any medical doctor? Which dilemmas do they face on a daily basis while performing their art as doctors and respecting the Hippocrates oath?

On one side, we have the Physician and on the other side the Patient and all that it implicates. However, the Patient not only as a human being, but also as part of a social community, which embraces his own family, within an economical environment.

It's in the middle of these concepts and reasoning, that we all as Physicians, not only learn from our experience as doctors, but also from educational input from our own families, as social human beings that we learn to respect the other as a whole. Unfortunately, this doesn't come in any Medicine book. This is why, we strongly believe that it's important to share these concepts and doubts, which we all as conscious Physicians must have felt and questioned ourselves, throughout our professional lives.

**The Oncological Patient and His Point of View**

Man as a human being is subconsciously in his early years considered immortal. The youth gives them an emotional, physical energy that nothing can ever overcome this feeling. However the first thoughts of immortality naturally cross our minds when certain aspects of life happen.

Motherhood and fatherhood in other words, the construction of our family and the importance of our paper in it. What if we fail or get sick? Or are we really immortal or will we have a cure? Or can't we know with 100% assurance? A mathematical formula doesn't exist, it's a multivariable equation as we shall see.

When a human being becomes sick, he first has to accept the disease. Depending on how severe it is, different reactions may occur. When conscious that it's a minor disease and curable, coping with this new reality may be easier and faster, but accepting any type of disease such as a simple flue, our self-esteem and reaction to overcome always depends on our subconscious and life experiences. Each one of us learns to build our own defenses and coping mechanisms.

At the opposite extreme we might be facing an incurable disease, such as cancer. When facing the Physician for new symptoms or signs and the knowledge that Cancer is the

**Article Information**

**DOI:** 10.31021/jcro.20181114  
**Article Type:** Field of Vision  
**Journal Type:** Open Access  
**Volume:** 1 **Issue:** 3  
**Manuscript ID:** JCRO-1-114  
**Publisher:** Boffin Access Limited

**Received Date:** 14 June, 2018  
**Accepted Date:** 29 July, 2018  
**Published Date:** 31 July, 2018

**\*Corresponding author:**

**Joana Espiga de Macedo, MD**  
Consultant of Medical Oncology  
Department of Medical Oncology  
Centro Hospitalar de Entre Douro e Vouga  
Rua Dr. Cândido de Pinho  
4520-211 Santa Maria Da Feira, Portugal  
Tel: +351-93-6050138  
Fax: +351-25-6373867  
E-mail: joana.macedo@chedv.min-saude.pt

**Citation:** Espiga de Macedo J, Machado M. Who to Treat First: The Oncological Patient or the Oncological Disease? J Cancer Res Oncobiol. 2018 Aug;1(3):114

**Copyright:** © 2018 Espiga de Macedo J, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 international License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

disease, what we are facing, can lead to multiple reactions. First, we react to the information. The word “Cancer”. What does this mean? Depending on the educational and how well the patient is informed, he might not understand first of all the meaning of the word or on the other hand he may just deny subconsciously having Cancer. Lately, after having been informed of the meaning of Cancer, or having overpassed the process of denial that Cancer has knocked at their door, different questions will arise.

The most common is how severe is it? Can I be cured? What grade/level has it reached? What type of cancer do I have? Which organs are affected? What choices of treatment do I have? Surgical or Medical options? Depending on the answers, the Patient is hoping to hear from his doctor a reassuring, confident, clarifying and understandable response. The patient wants to be heard. To speak at the Patient's level of understanding and to answer the best he can to their questions.

At this time, the patient wants to fight for his physical integrity because, all is at stake. Not only his physical integrity, but also, his emotional, social, spiritual and moral integrity. The Patient is asking the doctor for help in all of these aspects. He wants to recover his autonomy as a human being and understand the consequences of the decisions made concerning the treatment. How long will the treatment last? What are its side effects? Will he be able to work? How will it affect his social and family routine? How many times does he have to come to the hospital for treatment, exams or appointments? Can he afford it? How far is the hospital from his home? Does he have to go to other hospitals for special exams or treatments? (Figure 1)

There is a wide range of new questions that suffocates the mind of an Oncological Patient in a sudden emotional earthquake. It's like everything is questionable and partially beginning to be understandable as a whole. The coping mechanisms are built and discovered as time goes by and psychological help must be offered. That is, if one is willing to accept the reality by itself, and acknowledge that he isn't alone in this world as a Patient, and that there are specialized doctors available to help.

## The Oncological Disease and The Doctors Point of View

While the Patient is confronted with this new reality, CANCER, as a drama, the doctor is facing an oncological disease. His first concern is which is the best way to treat the disease. Learning to know the patient as a whole such as his co-morbidities, medical history, daily medication, professional issues, family and social issues, are also major concerns. All of those aspects are of extreme importance, but the most significant one is normally neglected by most Medical Physicians and, at best, it is left for the Social Assistance and Psychologist is the Internal World of the Patient. In other words, to take care of his or her “Internal World”: what does the Patient fear; worries him the most; his self-esteem; is he suffering; is he resilient; how is he dealing with coping process? The patient wants more than

ever to recover his self-control and autonomy. He wants to lead his way and take and accept his own decisions. He needs help to acquire and learn how to use new Internal instruments, which will make him overcome this “Cancer reality”.

The Physician is expected to be able to respond to the Patient is six crucial points, so that balance is achieved, and therapy is accomplished in a calm, secure, confidential way by the patient and his family. The six points are:

1. Physical, psychological and social integrity
2. Security
3. Control over the situation
4. Information and Decision
5. Dignity
6. Autonomy

For Cancer disease to be treated in all its complexity, as it is known today, depending on the micro-environment factors, genetic factors, immunological host response to cancer [1], a full understanding of the decisions made for the treatment of the disease must be achieved. The Patient's body has been transformed into a field of battle between the scientific professional and the disease. Otherwise, if one of the six co-ordinates fails, a weaker part will dominate the situation and balance will be lost, independent of how hard it is to achieve it (Figure 2).

## Where Is the Balance and Where Is the Future Guiding Us?

For long, do we see that a Complete Physician should be the one able to handle the disease in one hand and the patient, as a whole,

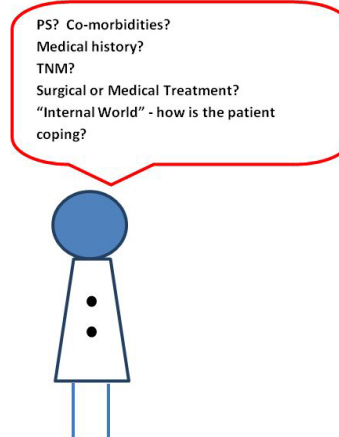


Figure 2: The Oncologist

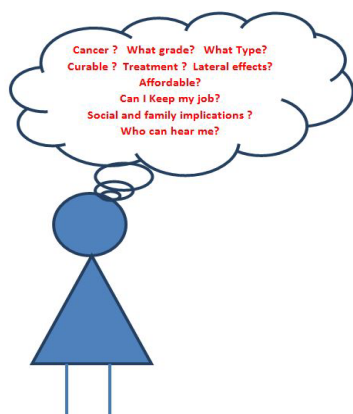


Figure 1: The Oncological Patient

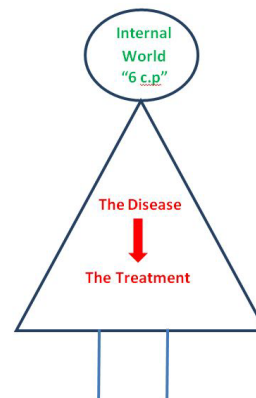


Figure 3: The Balance c.p - cardinal points

on the other hand. One of the most difficult medical decisions and procedures is to choose the most adequate treatment for this individual oncological Patient, with all different variables that it implicates as a human being. But this is only the concern which fits into one of the hands. What about the other? What about caring for the patient as a human being, which by chance also has a disease called Cancer, that can question the purpose of life and its' meaning. In fact, Peabody in 1927, already stated that the secret of the care of the Patient is in caring for the Patient [2]. In fact Medicine wasn't born to kill death. Physician's don't have the aim to stop death. We as Physicians have the purpose of treating and caring for the living ones.

The balance between scientific reasoning and the Patient's Internal World centered on the Physicians Multidisciplinary Team, will reach equilibrium, as long as both forces push or pull with the same strength (Figure 3). Our future as a Complete Physician is to treat the Oncological Patient as a Medical Oncologist with one hand, while with the other hand caring for him or her as a whole human being. We should have knowledge of the disease, but the patient in the first place; we have a dual purpose [3]. Diseases *per se* don't

exist, but diseased patients do [4]. This is what Carl Friedrich von Weizsäcker, a German physician and philosopher called in 1942 the "Fundamental Medical Act"[5]. This should be the touch of perfection that all Physicians should be willing to achieve.

## References

1. de Macedo JE, Machado M. Oncoimmunology or Immunoncology? J Cancer Res Oncobiol. 2018 Jan;1(1):104.
2. Peabody FW. The care of the patient. JAMA. 1927 Mar;88(12):877-882.
3. Cardoso RM. Competências Clínicas de Comunicação. 1st edition of the Faculdade de Medicina da Universidade do Porto, Portugal 2012.
4. Machado Vaz J. Once Upon a Time. [Era uma vez um professor] 1st edition nº 9028; Portugal, September 2014.
5. Weizsäcker V. The doctor and the patient; Pieces of a medical anthropology. 1942.