COMMENTARY

Treating cancer as a family disease

Cancer affects both the individual and his or her collective social network. Like other serious illnesses, it changes lives by changing people's psychology, their life span, and their quality of life. In an attempt to control and minimize this effect, people sometimes avoid talking about cancer. Instead, they whisper about it, talk behind closed doors, or keep feelings locked away.

Time has changed our willingness to talk about cancer. In the not-too-distant past, speaking to patients about their diagnosis was considered unacceptable. Adult family members would be told, and patients would be denied the opportunity to make choices, hear information, confront their fears, and personally grow from the experience. But research findings have altered our practice, and patients are now included as part of the treatment team. Young children are also involved in the process, and Barnes and colleagues' article articulates how a few families have dealt with a diagnosis of breast cancer.

Their qualitative study describes the decisions that parents make about whether to share a breast cancer diagnosis with their children. It explores why they do so and—most important—their unmet needs for support in the sharing process. The study alerts us to an absence of information and resources to help parents.

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One of the characteristic experiences of the cancer "journey" is the initial feeling of being alone. This comes from people walking into an unknown territory without companionship. Physicians, the medical team, and mental health professionals play a vital role in providing the companionship and guidance that patients need to feel less alone and, therefore, less afraid. A doctor-patient relationship, like a parent-child relationship, is built on trust, and both need open and honest communication. So what can a primary care physician do to assist patients and help them feel less alone regarding children?

- Recognize psychosocial need on an ongoing basis

Ask all patients, both adults and children, about their concerns. They may wish to share their concerns with other patients who have a similar diagnosis.

- Make psychosocial referrals

Not all physicians can know the appropriate literature or all the resources available for patients, but they can know who has the expertise and make referrals. Too often referrals are made to mental health professionals only when there is an "identified problem." All patients have concerns, and mental health professionals—such as oncology counselors, social workers, and health psychologists—can help to provide companionship, information, reassurance, and assistance with problem solving.

- Suggest a family meeting

Patients may not feel comfortable asking their physicians to help them communicate with their children. But by offering to have a family meeting, physicians can build trust and encourage parents to talk to children. This helps treat cancer as a family disease and promotes trust and well-being for the entire family.

- Refer patients to appropriate reading materials

Suitable materials for children and parents are shown in the list of resources.

Illness is not something that anyone chooses in their life. However, it can lead to deeper connections and more meaningful relationships for those touched and changed by it—regardless of their age, profession, or role in life—and physicians can help in this process.

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Resources: useful books for parents and children

Brack P, Brack B. *Moms Don't Get Sick.* Aberdeen SD: Melius Publications; 1990.

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