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Editorial

Psychosocial Oncology: the State of the Art at the End of the Millennium

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PATIENTS WITH cancer are faced with difficult choices, often at a time when they are still reeling from hearing that they have the disease so many people dread. To help them make the choices, clear information about the potential benefits and risks of treatment is essential. While paternalism may still be alive and kicking, and may well be what some patients want, the days when patients leave decisions entirely in the hands of their doctor are gone. What information do patients need to help them with their decision making? Certainly they need to know the chances that the treatment will work and the problems it may cause. But they also need to know things like the impact on their ability to look after their family or continue to work. For this reason, quality of life research is increasingly recognised as essential in clinical cancer research. In recent years a considerable body of research has been devoted to developing tools to increase understanding of the subject; this special issue provides a clear summary of these tools and their role in cancer research.

Information about these different elements is essential, but how is it to be conveyed to patients? The content of information provided to patients can be defined by the requests made to independent organisations that routinely receive many thousands of calls each year from cancer patients and their carers, and by asking patients directly about their information needs. Knowing what information patients need does not mean that it is automatically provided and there is much work to be done in teaching healthcare professionals how—and how important it is—to communicate effectively. This too is being given increasing prominence in cancer care.

Whether 'how a patient feels' can really impact on survival is a key question that needs to be answered authoritatively. Can a patient's personal priorities influence the outcome of clinical trials to a greater extent than the regimen being tested is likely to? While this may seem unlikely and even fanciful, several studies discussed in this issue provide evidence that psychosocial interventions can affect outcome. Tim McElwain, who was a leading figure in oncology in the U.K. in the 1980s, often said that patients who feel better, do better. Biological reasons why this might be so have been postulated and are being tested. It may be many years before there is a definitive answer to this question, but in the meantime, we need to focus on what we can do to make patients feel better.

Addressing quality of life is a key component of good cancer management. It is not something that can easily be packaged up and addressed in a brief consultation with a doctor or nurse. Individuals have different needs and wants and these are best met by recognising and responding to them. For many patients, the need to take care of themselves becomes important and using complementary therapies can make a substantial difference to how they feel. These are not often provided within a healthcare setting because they are regarded as outside mainstream medicine. Work is currently underway to assess whether any benefit can be reliably demonstrated to accrue from complementary therapies and the outcome of this research may well influence how cancer care is provided in the next millennium.

While we still have the situation that many patients who get cancer die from it, quality of life during and after treatment remains of paramount importance. This is widely recognised although it is still the case in the U.K. that many patients report that they do not get information about their disease. Perhaps the new millennium will see a greater emphasis on helping patients feel better alongside efforts to make them get better.

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