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SUPPLEMENT

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CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Effect of counselling on the psychiatric morbidity associated with mastectomy

SIR,—The careful evaluation by Dr P Maguire and others (29 November, p 1454) of the effect of counselling by a nurse on the incidence of psychiatric morbidity among breast cancer patients is to be welcomed, not least because evaluation of new services designed to help patients is too rare. As a group concerned for the last 10 years with psychological aspects of cancer in general, we would like to make a number of points, prompted by their work, about the psychological care of patients with cancer.

It is not entirely clear from the article whether the nurse of herself reduced morbidity, or whether the reduction was secondary to early referral to other services. At King's College Hospital we have a specialist nurse for patients with breast cancer, very few of whose patients are referred for care from a psychiatrist; but the very high self-referred rate for her help suggests that services are not obviously available elsewhere to patients. We are beginning a study to examine the nature of the help the nurse provides in order to clarify whether this is the most effective way of meeting patients' needs.

Breast cancer is favoured among cancers in the publicity which its resulting morbidity has received but it is unlikely to be unique in its distressing psychological consequences. Maxillofacial surgery and laryngectomy, for example, may well result in far greater morbidity but this has received little attention. A number of well-controlled studies of cancer patients during the last 10 years, which we have reviewed,[1] have in any case demonstrated that newly diagnosed patients undergo a natural process of psychological adjustment akin to the process following bereavement. If the nurse counsellor is simply more skilled at recognising those who are casualties of this natural process, surely the most logical course is not to appoint a counsellor for every illness but to foster awareness among those who treat serious illness of any kind that it may be accompanied by psychiatric illness or disturbed social functioning in a sizable minority of patients. In view of the current trend towards treating cancer and other serious chronic illnesses in specialised centres far from patients' homes, the most obvious starting point for fostering this awareness is not in these centres but among primary care service workers, for they are in the best position to assess patients' difficulties within their home environment.

Although these authors have again demonstrated that psychiatric morbidity among breast cancer patients is high, the inescapable conclusion is that, surprisingly, approximately half of the patients have no psychiatric or sexual morbidity at any stage, even though almost half of them suffer advanced or recurrent disease. To quote from our letter[2] to you on this subject two years ago, "A 'blanket' service for all such patients is not