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Cancer and the Patient

SIR—I hope that Mr. Charles Wright's Personal View of British practice (6 October, p. 45) will be widely read and discussed. I believe that our custom of deception about cancer is extremely destructive and is responsible for much of the terror that the word "cancer" evokes in this country. Its worst feature is that the deceit erects a terrible barrier between the patient and his family at the very time when he needs them to be close to him. Furthermore it belittles the patient in the eyes of those who know the truth because it implies his inability to handle the bad news. I had to work in America to discover that people can and do cope with bad news and adapt to it provided some glimmer of hope is left. They do not generally, as I had formerly been taught, disintegrate emotionally under its impact.

I do not wish to imply that the truth should be forced upon unwilling ears or that there can be any rule which can apply to all cases. However, I do believe that the practice of the paternalistic lie which is widespread in Britain is no longer acceptable to most people. It is fundamental to the professional relationship that the patient should be given ample opportunity to ask what he really wants to know and that his questions should be truthfully answered.—I am, etc.,

R. J. HEALD

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Basingstoke

SIR,—In his Personal View (6 October, p. 45) Mr. Charles Wright compares Canadian and British practices in telling, or failing to

tell, the patients the truth about cancer and death. As an example he takes a patient with a resectable and apparently curable cancer of the rectum. In Canada the patient would ask whether he had cancer and would be told that he had. After operation he would ask again and would be told that the diagnosis was confirmed but the growth had been completely resected and the outlook was good. Mr. Wright maintains that in Britain the patient would ask if he had cancer but that this would be denied and he would be put off with platitudinous reassurances. Having no experience of Canadian practice I accept the general differences of attitude in the two countries. However, I should like to dispute Mr. Wright's claim that British patients ask the questions that Canadian patients ask, or that British practitioners would so stoutly deny the existence of cancer in the face of direct questions.

In my experience it is strikingly uncommon for British patients to ask if they have cancer. Human communication is not solely by words, and the failure to ask a question is as vocal as a verbal statement. The patient who has just had his rectum removed is unlikely to doubt the reason, but he may not yet wish for this to be put into words. In such circumstances to thrust the truth upon him would be an assault. Anyway, every patient, wherever he lives, wishes for reassurance. It is easy to be frank in the case used as an example. Is Mr. Wright as forthcoming in declaring that the cancer was unresectable, the liver and peritoneum were studded with secondary deposits, and the

patient has no hope? If not, he is being honest only when he can afford to do so.

Whenever one examines the customs of another country in isolation they appear incongruous, and Mr. Wright patently finds our lack of openness regarding the discussion of cancer to be ridiculous. What he misses is that the British patient may prefer to learn the truth in an oblique manner and at his own pace. This suits his sense of dignity and spares him the embarrassment of having to declare his knowledge. I believe that the enchantment of our way of life depends upon respecting individual privacy. The subtle relationship between a medical practitioner and his patient cannot be dictated by theoretical doctrine or by declamations. It must continue to suit the mores of the society in which we live.—I am, etc.,

JERRY KIRK

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SIR,—It is a delight to have Mr. Charles Wright's Personal View (6 October, p. 45) of the dishonesty so often encouraged and practised in the doctor-cancer-patient relationship. The "conspiracy of silence" denies the patient the opportunity of helpful discussion about his feelings. Not only does it tend to spoil the doctor's relationship with his patient, but as Mr. Wright mentioned, it also can lead to a spoiling, through the lying and evasiveness, of the patient's relationship with his family. And this at a time when expression of love through concern and grief is so natural and helpful.

The fear that some patients who are told