

Personalizing Medicine Through Personalized Communication: Individuality of the Patient Across Borders and Cultures

Boston, MA, U.S.A.; Tuesday, 9.40 a.m. Patient: “Doctor, I am very worried about the CT scan report. It says ‘disease progression.’ ‘Progression’ means I have metastases, doesn’t it? How long will I live?”

Milan, Italy; Tuesday, 11.00 a.m. Patient: “Doctor, I’m terrified. The pathology report says ‘invasive carcinoma.’ ‘Invasive’ means cancer, doesn’t it? I’ll need chemotherapy. I’ll lose my hair. I won’t see my children grow up.”

Across borders and social-cultural groups of patients, a breast cancer diagnosis and the subsequent treatment is emotionally distressing. Also, I was reminded recently while serving as a visiting professor, the language of cancer distress is universal. A growing number of studies have explored the experiences of dealing with breast cancer among women of different geographic and cultural groups.¹⁻¹⁵ These studies all identify 3 major themes: 1) the “losses” associated with breast cancer, 2) the impact beyond the patient and into the family, and 3) coping with cancer through spirituality and community involvement.

1. The predominant sense of loss associated with breast cancer is a consistent theme for all women, across any latitude or longitude. This loss is both physical and emotional. Women in all geo-cultural groups are particularly traumatized by the overt physical changes from breast cancer treatments. The stigmata of breast surgery and of treatment-related side effects such as hair loss and fatigue confirm to women the reality of their breast cancer and call to mind the chance of further losses (cancer recurrence and death). Beyond the sense of loss and suffering associated with the physical changes, women express emotional pain and question their sense of worth. The stigma surrounding breast cancer can leave many women “feeling lost.”
2. For most of women, family members are perceived to be fundamental in accepting, coping, and recovering from breast cancer. Across all cultures, the role of family is central for practical and emotional support. However, the breast cancer experience can also affect intimate relationships. “I made him sleep alone; I’m not as attractive anymore.” The adverse effects on family relationships can further deepen a patient’s sense of loss; conversely, a strong social support system may minimize this isolation.
3. Patient: “At first I was lost; then I realized I need to fight and I prayed to let God help me...” Regardless of geographic or cultural backgrounds, the experience of being diagnosed with and treated for breast cancer may prompt women to consider their own mortality, and spirituality can play a significant role in helping them cope. Spirituality can be a source of comfort and emotional strength while patients are scared or worried.

As physicians, we sometimes apply stereotypical descriptions of how breast cancer is perceived in various geographic and cultural groups. These descriptions can illustrate the tendency to generalize geo-cultural behaviors, values, and beliefs in a way that ignores diversity and the individuality of any single patient.¹⁶

These studies suggest that we should not draw distinctions among geo-cultural group of patients, but rather we should provide space to explore their individual experiences and to bring their voices into the decision-making process. Although many of the hopes and fears breast cancer patients have are universal, it is also quite



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The ideas and viewpoints expressed in this commentary are those of the author and do not necessarily represent any policy, position, or program of the NCCN.

March 2010

apparent that each patient's experiences are shaped by the social and personal context in which she lives. Across borders and cultures, breast cancer experience is emotionally distressing. Oncologists should help our patients to overcome their difficulties through personalized communication, no less than personalized medicine, using the patient's language and dialect to help her find understanding, comfort, and strength.

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