

Editorial

Cancer Phobia

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In one morning session of my private practice at Rajshahi, I found a group 10–12 females and accompanying two males waiting in the patients' waiting room. Their ages ranged from 35 to 50 years, all were looking very tired and anxious. They came from long distance by overnight train journey. Seeing a group of same aged village women I became little bit astonished. I asked my chamber assistant about them. He told me that all were patients and they wanted to consult with you.

At first one female and a male person entered into my room and took their seats. The male person said they were husband and wife and the wife had been suffering from breast problems. Rest other patients were his relatives and neighbours.

I asked the patient to state her problems. She stated her breast problems nicely and briefly. Then rest others met me one by one and stated their breast problems. The gists of the ten female patients' clinical histories were almost similar.

All were married and multiparous suffering from breast pain, lump, occasional fever and general weakness. Their problems aggravated following death of a breast cancer patient of their locality. They said that the deceased was my patient and I operated her about six months back. At the time of discharge from hospital I told her husband that his wife would not survive for a long time. And she died within six months. So they came to me to get their breasts examined and to know whether they were suffering from breast cancer or not.

I could guess why they came en-mass with their breast problems. I listened to them with patience and examined each patient very carefully. Physical examination revealed none of them was breast cancer patient. Two of them had fibroadenosis, one fibroadenoma and one chronic mastitis. These four females were advised some essential laboratory

investigations and asked to attend in the evening time of practice.

They came accordingly with investigation reports. Investigation found no evidence of malignancy in any case. I met them all at a time and discussed freely and affectionately about breast cancer. I told them that it was good that they were conscious about carcinoma breast and so they came in a group for examination of their breasts. They were very happy to know that none of them was suffering from carcinoma breast.

I thanked them for their consciousness not to become frightened unnecessarily. I told them, "Breast cancer is not an infectious or contagious disease. So it does not spread from person to person and it will not attack close neighbour and relatives. Fear, being frightened and scared on false believe of cancer is very harmful for mental and physical health. You have come here en-mass due to panicky attack of cancer as one of your relative died from breast cancer. So, my advice is that please examine your breasts with your hands at least at the time of taking bath. If you feel any lump in your breast then please attend an experienced and senior doctor for further consultation."

Role of doctors in cancer phobia

After taking clinical history and necessary physical examination of a patient, if it seems clinically that the patient has been suffering from cancer (malignancy), it should not be disclosed to the relative or to the patient instantly by the doctor.

- Which is unethical and may create anxiety, worries and panic.
- If requisite cancer proving investigations such as a FNAC, biopsy-histopathology, X-ray, CT-scan, blood test etc. find evidence of cancer, then fact should be disclosed to the patient's party and patient after proper counseling.

- Sometimes clinical diagnosis does not correlate with confirmatory tests. Prior false information of cancer is very much disgusting and disgraceful to that doctor. It is also responsible for producing unnecessary panic to close relatives and patient.
- This type of wrong information sometimes produces misunderstanding between the doctor and patient's party. So a doctor should maintain

delicacy and etiquette before giving breaking bad news of cancer.

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