A psychological commentary on the relationship dynamics underlying cancer overtreatment in advanced cancer patients.

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Abstract

To prolong life as well as to relieve symptoms, patients with advanced or relapsed cancer are overtreated with antineoplastic agents before they die. On the other hand , prescribing anticancer treatment can be considered a substitute for a relationship that has become more and more diffcult as the disease worsens. The aim of this commentary is to refect on this theme, with particular reference to its psychological implications for oncologists and cancer patients.

Keywords: Cancer; Overtreatment; Oncologist-patient relationship; Hope

A similar phenomenon, albeit to a lesser extent, was seen in other Western countries [3]. Nevertheless, chemotherapy in cancer patients with advanced disease is o en ine ective [13] and aggressive [10]. With the advent of molecular targeted therapy and immunotherapy, the drugs available to oncologists over the last 20 years have increased by 70%. No one denies the improvement, even considerable, provided by these new therapies to metastatic cancer patients' survival. It is equally true, however, that many of these treatments do not meet the patients' expectations in terms of prognosis, nor sometimes even correspond to the results of randomized controlled clinical trials [6]. Giventhatoncologists frequently avail themselves of anticancer drugs, patients' expectations concerning their life expectancy have likewise increased. However, prescribing ine ective cancer treatment can be considered a substitute for a relationship that has become more and more di cult as the disease worsens. e aim of this commentary is to re ect on this theme, with particular reference to its psychological implications for oncologists and cancer patients.

Cancer overtreatment as therapeutic illusion

When a patient's cancer becomes advanced, the oncologist-patient relationship changes. While aware of the fact that the only outcome possible is the patient's death, oncologists are o en reluctant to communicate prognosis.Faced with the patient's death, the most convenient option available to the oncologist is to prescribe further anticancer agents, as if the metastatic threshold had not been crossed, with the implied objective being to maintain the status quo of living with cancer (or even to achieve complete recovery). Notably, cancer patients with advanced disease claim they do not know their prognosis ispoor nor that the treatment they are undergoing is only palliative [15]. e patient is deeply reassured, and the oncologist feels as if the disease can still be controlled. us, they complicity deny death, or even the worsening of the disease; the void created by the unsaid is lled and exorcised by a multiplication of medical interventions (treatments, medical visits, diagnostic tests).When informed that their clinical situation has worsened, cancer patients o en turn to another specialist for a second opinion. ese patients are looking for a more complete explanation regarding how serious their disease really is, for treatments that are potentially more e ective, or even only to be reassured that their oncologist is managing their case appropriately [8].

e oncologist experiences the patient's search for a second opinion as a defeat, which is at times accompanied by the more or less explicit fear that another oncologist will not con rm the appropriateness of cancer management so far. A second opinion, as the patients' right, should lead to a discussion of the case among colleagues and shared with the attending oncologist [11], but it o en leads to overtreatment [12].Both overtreatment and the at-times repetitive request for a second opinion cultivate the illusion that there are endless therapeutic solutions, which implies the omnipotence of medicine and the patient's immortality. A therapeutic pseudo-alliance is formed, which is presented as ideal but which in fact only mysti es the situation on many levels. When the disease persists, and even more so when it worsens irreversibly, the patient's mind, subject to unfamiliar emotional pressure, may cling to miraculous fantasies. As Freud reminds us [7], "At bottom, no one believes in his own death, or, to put it another way, in the unconscious every one of us is convinced of his own immortality." us, at least right then and there, the patient with advanced cancer accepts the oncologist's proposal to continue with further cancer therapies; this allows both to avoid facing the end-of-life experience.

Open and honest communication as a hope-giving process to reduce overtreatment

We strongly believe that when all e ective cancer therapies have been

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exhausted, the oncologist must inform the patient openly and honestly of the prognosis; from this moment onwards the oncologist-patient relationship will necessarily evolve towards greater transparency. is change will undoubtedly be painful but is also potentially enriching for both. Further, it is useful to treatment decision-making. e oncologist must be willing to accompany a patient who is waiting for the end.

is moment can be dramatic for the patient, who must not only give up any idea of surviving but also risks feeling abandoned, no longer