QUADERNO

IL CANCRO E LA SUA COMPLESSITÀ. PRENDERSI CURA: QUESTIONI ETICHE E APPROCCI NELLA CURA DEI PAZIENTI

CANCER AND ITS COMPLEXITY. CARING: ETHICAL ISSUES AND APPROACHES IN PATIENTS' CARE

Care approaches of breast cancer, towards an awareness of body image

Approcci di cura per il cancro al seno, verso una consapevolezza dell'immagine corporea

Lucia Giuliani[1], Marika Langella[2]

[1] PhD Fellow in Bioethics, University Campus Bio-Medico, Rome; [2] MD, Plastic SurgerySpecialist, PhD Fellow in Bioethics, University Campus Bio-Medico, Rome

Breast cancer is the most common cancer in women after skin cancers: only in Italy 56.206 new cases have been recorded in 2013.

Despite the successes in medical and surgical therapies, diagnosis of breast cancer is the worst diagnosis that a woman can expect. A painful and traumatic event that is associated with multiple implications psychological, physical and social. So it's necessary to include ethical and aesthetic supports in addition to the common therapy used. We want to analyze the perception of the body in order to understand the importance of care in breast cancer. Only with a holistic view of ill woman you can respond professionally to the request for care.

Key words: Breast cancer, body awareness, health care integrated, multidisciplinary approach

Il cancro al seno è il tumore più comune nelle donne dopo i tumori della pelle: solo in Italia sono stati registrati 56,206 nuovi casi nel 2013. Nonostante i successi delle terapie mediche e chirurgiche, la diagnosi di cancro al seno è la diagnosi peggiore che una donna possa aspettarsi, un evento doloroso e traumatico che è associato a molteplici implicazioni psicologiche, fisiche e sociali. Per questo motivo è necessario includere supporti etici ed estetici alla comune terapia. Vogliamo analizzare la percezione del corpo al fine di comprendere l'importanza della cura del cancro al seno. Solo con una visione olistica della donna malata si può rispondere professionalmente alla richiesta di assistenza.

Parole chiave: *Tumore al seno, percezione del corpo, assistenza sanitaria integrata, approccio multidisciplinare*

Indirizzo per la corrispondenza
Address for correspondence

Lucia Giuliani

Università Campus Bio-Medico di Roma
Via Alvaro del Portillo, 21 Rome, Italy
e-mail: l.giuliani@unicampus.it

"The body is our general medium for having a world."
Maurice Merleau-Ponty,
Phenomenology of Perception

Introduction

Breast cancer is the most common cancer in women after skin cancers: in the United States are reported eachyear232.670new caseswhileinItaly56.206new cases are recorded in 2013 (National Cancer Institute).

The management and the caring of breast cancer has changed considerably over the last two decades, following the advances in surgical techniques and the scientific research for the medical treatments, but also the profound changes, cultural, social and economics, that our society has undergone.

The most recent achievements in the treatment of breast cancer include the implementation of programs of screening, early diagnosis, diffusion of surgical conservative and safe techniques, the improvement of the side effects of chemotherapy drugs and the improvement of the techniques of breast reconstruction.

Despite the successes and advances in medical and surgical therapies, diagnosis of breast cancer is, without a doubt, the worst diagnosis that a woman can expect, a painful and traumatic event that is associated with multiple implications psychological, physical and social.

It is imperative, therefore, in the event of diagnosis of breast cancer, for the existence of resources, medical and non-medical, more efficient and personalized, that women turn to specialized centers and expert staff, who consider the woman in its entirety, including its psychological needs, ethical and aesthetic.

Medical and surgical care

The scientific advances of the last 20 years are represented by the new knowledge in terms of prevention and early diagnosis, by the demonstration of the efficacy of adjuvant chemotherapy (Esposito et al., 2014) and of the equivalence, in terms of overall survival, between modified radical mastectomy and radical mastectomy according to Halsted, at the same stage in advanced cancer, and between conservative surgery and radical mastectomy in tumors of limited size (Black, 2013). The technique of sentinel lymph node biopsy has become the gold standard (Fortunato et al., 2008), replacing the complete axillary dissection in the first instance, a very invasive surgery, accompanied by some serious complications, such as lymphedema, and that requires more recovery time, increased length of hospital stay and increased health and social costs.

Breast reconstruction has become a daily surgical practice, a key part of the rehabilitation process following mastectomy (Munhoz et al., 2013).

Modern techniques of Plastic Surgery are able to reconstruct the shape, size and symmetry of the amputated breast, working when necessary also on healthy breast, returning to the patients' physical and psychological integrity, allowing them to deal more adequately with the disease.

The level of competence of the medical and surgical treatment must be excellent.

All members of staff should have adequate training and have to adapt their expertise to scientific and technical progress through the participation in training courses, technical meetings or at national and international conferences.

Psychological care

Most women experience the first diagnosis of breast cancer as a child who receives a punishment.

What have I done wrong to deserve cancer?

This sentiment is shared by many cancer patients but is particularly evident in women with breast cancer; most of these women in fact do not have or could not have children. Null parity is one of the main risk factors for the breast cancer and the subsequent motherhood are at risk.

Specifically, breast cancer affects the image of the female body, there productive aspects, sexuality, and the roleof women in society.

The main problems concerning the changes of the body, permanent or temporary, caused by the disease and the treatments, and issues related to the conditions of social life, work and interpersonal relations.

The psychological care should provide for the processing of these intense changes and acceptance of the limitations imposed by the disease.

Particularly important is the support at the end of therapy; many women dealing with strength and courage diagnosis and treatment, although long and tiring, then crumble psychologically when the worst is over.

When possible, the ultimate goal of psychological support is to facilitate the return to a normal life at the end of the course or it will focus on the acceptance and living with the disease state to preserve a sense of their own identity and their own personal history.

Body care

Body image is a critical issue for breast cancer patients even after reconstructive surgery (Fingeret, 2014).The body changes after the surgery but also in response to hormonal therapy and chemotherapy. These therapies are typically accompanied by lymphedema and by increases in weight and hair loss.

The first therapeutic approach to lymphedema, recommended by international guidelines, is the manual lymph drainage: elastic bandages, massage, gym isotonic mobilizing lymphatic stagnation, favoring a reduction of edema.

Scientific studies show that physical activity is not only feasible and safe but also effective (Baumann et al., 2013).

Hairs usually fall on the fourteenth day after the start of chemotherapy and then regrow after about 3-4 months after the deadline. Hair specialists assist patients in various stages of loss and hair growth after treatment.

In organized hospitals and clinics, beauty consultants are generally trained to support women with breast cancer.

Ethical aspects of care

While the medical treatments increase and specialize from the point of scientific and technological view, we have the need to justify ethically the same treatments. Ethics is about what it should be, not what it is. The invasiveness of drugs and medications may pose a danger to the psychological wellbeing of women with breast cancer: these treatments also may or may not be consistent with the ethical and social standards. As good researchers, we have to anticipate and minimize this type of difficulty.

First of all, we consider the impact of breast cancer on the perception that women have of their own body.

Similarly to other types of patient, the woman complains about a trauma experienced as a result of the disease. In addition there is an alteration of a symbol of femininity; it involves an immediate impact on sexuality with all the related problems. To alleviate this discomfort it's necessary to work on the acceptance of one's body with its changes due to invasive disease. It is widely recognized that women's sexuality can be particularly complex after breast cancer, with sexual changes, often becoming the most problematic aspect of woman's life. The effects of these changes can last for several years after a successful treatment, and can be associated with other physical and emotional side effects. Women's experience of changes to sexuality includes: fear of loss of fertility, negative body imageand feeling of sexual unattractiveness, loss of femininity, anxiety and depression. The construction of femininity and sexuality shapes the way in which women construct and live their illness and their body. This leads many women to try to appear 'normal' to others through breast surgery (Emilee et al., 2010).

The tumor is perceived by the patient as if it was rooted in life: in the personal status and in the relational life that influence the social world.

"[P]ositionality (…) is a threefold situation: the living thing is body, is in its body (as inner life…) and outside the body as the point of view from which it is both (body and inner life). An individual who is characterized positionally by this threefold structure is called a person" (Greene).

Accordingly, in the management of the disease the way of "being a body in the world" is disturbed: it becomes more uncertain, anxious and it appears more reduced and contracted.

The transformation of the body to the mutilation of the breast causes not only exterior changes, but also changes in the way to live it: the patients feel the crushing of the psychological and bodily integrity. The body is not seen as own, because the carrier of subjectivity and intentionality it's not the same, but as treacherous and enemy. The body does not meet the standard of beauty and perfection prevalent in society and this cripples the ability of a person to express their personality and to occupy the world through the body.

The request made by the patient to solve this problem is not only of aesthetic nature, in fact, the acceptance of one's body is not so immediate because it "feels" bad; in the first instance there is the request by the patient to give meaning to illness and to live under certain conditions of suffering.

'The disease not only occurs in the body, but in time, in one place, in history, in the context of the experience and in the social world. Its effect is on the body of the world! '(Byron e Good, 1999).

The subject-body, through the perception, is inherent or inhabits the world in the sense that not only analyzes, but it lives existentially. In the Phenomenology of Perception, Merleau-Ponty argues that the "living", in the sensory field, is based on the sensitivity and the possibility of the lived body which, by its nature, evokes meanings and engages the world: "My body is the fabric into which all objects are woven, and it is, at least in relation to the perceived world, the general instrument of my „comprehension" (Allen e Chris, 2004).

By this definition of perception we can better understand the meaning of the sick body.

We also consider breast cancer as a multisystem disease because it occurs "not only in body, but in life, over time, in context ofthe experience, in the family, in the social world, in history" (Ruggiero, 2002).

For this reason it is essential to promote educational interventions directed to women but also to her family context, actions that include the recovery of the body and the meaning of life and existence beyond the image,understanding the essence of the changes that the body undergoes, learning to "live" and to "say" the emotions, to be fully satisfied for themselves and for others.

Every professional should consider these principles and dynamics because it means to behave ethically (Joseph, 2007).

Conclusion

The management and the caring of breast cancer has become, in recent years, very complex.

Besides the issues concerning the prevention and medical and surgery care, we have to consider other critical dates: the

affected person, "the woman", the affected organ, symbol of femininity, with all the other implications of psychological, physical and social.

The woman suffering from breast cancer is therefore the most special and fragile of cancer patients therefore requires special care, taking into account its entirety, including the psychological needs, ethical and aesthetic.

The approach to breast cancer is multidisciplinary, involving doctors, nurses, psychologists, ethicists and aesthetic practitioners. Quality is never an accident. It is always the result of collaboration between professionals.

It is necessary that the person be respected in its integrity, knowing that acting "immediately" on the body you can act "indirectly" on the psyche.

All professionals must be highly skilled and trained in managing total of these patients, to provide the best possible care. They should concentrate on getting the best possible results.

"Each person you meet is fighting with their own problems. Be kind to them. You won't be able to solve their problems for them but your kindness may help them not to give up. Your kindness could be the miracle they were waiting for. Often, without knowing we can make real miracles." (Gustav Birth)

Hospitals and clinics must be able, perhaps with the formation of real Breast Unit, to offer an integrated multidisciplinary approach.

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