

Cure should also mean care

→ Raphaël Brenner



Enabling cancer patients to talk about their illness, lives and suffering, as unique individuals, is as essential to a patient's recovery as is medical treatment.

Cancer is a serious disease and should be fought on all fronts. This means that, in conjunction with medical treatment, attention should be paid to the psychological issues involved in the illness and the way patients deal with it.

As a psychologist influenced by the work of Carl and Stephanie Simonton among others, and as a pioneer of trans-generational psychotherapy with extensive experience working with terminally ill cancer patients, Anne Ancelin Schützenberger convincingly argues that human beings possess enormous mental and emotional resources and that, with the help of sensitive therapists, they can develop the inner strength needed to confront the disease and even recover from it.

A person diagnosed with cancer cannot help but ask: Why me? Why now? By enabling cancer patients to deal with these questions and express their feelings, anxieties and suffering, therapists help patients to “understand the disease, to breathe, and emerge from the impasse,” writes Schützenberger. The process of delving into their life history enables patients to regain control of their lives and make meaning out of what seems incomprehensible, dark, and

confusing. They regain the desire to live and to fight. They have a project, a goal – to concentrate their energy on recovery with the help of supportive methods such as positive visualisation, art therapy, relaxation or sport.

In the fight against cancer, says Schützenberger, it is important for patients to maintain a positive attitude – hence the need to pamper oneself, to surround oneself with positive people, and understand the role that our beliefs and motivations play in our lives. No less important is

Vouloir guérir
L'aide au malade atteint d'un cancer

9th edition
Anne Ancelin Schützenberger
La Méridienne/Desclée de Brouwer,
230 pp, euro 22

Le Coq-Héron, no. 180
Psychisme et cancer

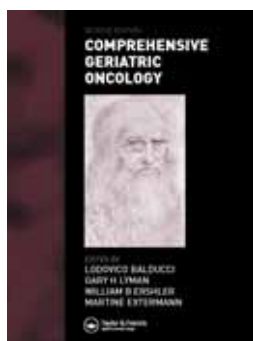
Éditions Érès, 180 pp, euro 16

the belief system of the physician. The enormous faith physicians place in statistics leads them, says Schützenberger, to believe more in the data than in the individuals they are treating. Healing and hope, she notes, also stem from the way

patients are viewed by others. The best present a physician can give their patients, therefore, is to view each of them as an *individual* and avoid imprisoning them in the representation they have of their disease and of themselves.

In the same spirit, the quarterly review *Le Coq-Héron* has produced an excellent issue devoted to the proceedings of the first meeting of the Association “Psychisme et Cancer”. Oncologists, psychoanalysts, nurses and patients discuss the existential suffering and vulnerability of cancer

patients, the role of psychoanalytical therapy, and the need to treat hurts engendered by the disease and the objectifying attitude of the medical world. Referring to Donald Winnicott, Jean-Pierre Lehmann reminds us that, etymologically, ‘cure’ means care, in the sense of *being concerned*. This was the case until the 17th century, when ‘care’ began to acquire the meaning of ‘remedy’. One of the most frightening aspects of oncology today is that ‘cure’ (in the techno/medical sense) and ‘care’ are almost totally dissociated. The two dimensions urgently need to be reconciled if medicine is to survive as a vocation.



Comprehensive Geriatric Oncology

2nd edition

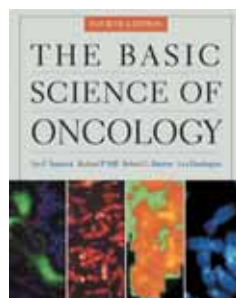
Edited by Lodovico Balducci, Gary H. Lyman, William B. Ershler and Martine Extermann

Taylor & Francis, 896 pp, £160

Cancer incidence disproportionately impacts on the elderly population. Sixty percent of all new cancer cases occur in this group, and the proportion may reach 70% by 2020 if current trends continue. It is therefore not surprising to see geriatric oncology (GO) increasingly recognised as a specialisation in its own right.

Impeccably produced, well researched and fully documented, the editors intend the new edition of this book to become “a frame of reference for the ongoing dialogue in the field of GO,” and it indeed offers a comprehensive review of the subject from the biology of cancer and aging to the management of various cancers in the elderly. The authors remind us that treatment remains an individual issue and a matter of common sense, which must take into account the multidimensional changes caused by age. They also point out a number of deficiencies in GO, such as the under-treatment of elderly cancer patients, especially for breast cancer, and the under-representation of the elderly in clinical studies for new therapies. Supportive measures

such as haematopoietic growth factors for patients receiving systemic chemotherapy are insufficiently used in the elderly population, even though the benefit of such measures can be as great, if not greater than in younger people. Extensive psychosocial support is also essential in managing elderly cancer patients, argue the authors. And importantly, they recognise that this support has to extend beyond the patient to their family and caregivers because, as they point out, “family caregiving for chronically ill relatives is an example of a major life stress.”



The Basic Science of Oncology

4th edition

Ian F. Tannock, Richard P. Hill, Robert G. Bristow and Lea Harrington

McGraw-Hill Medical, 570 pp, \$69.95

Introduction to the Cellular and Molecular Biology of Cancer

4th edition

Edited by Margaret Knowles and Peter Selby

Oxford University Press, 552 pp, £37.50

The unprecedented pace of advance in biology research makes it hard for oncologists – and daunting for non-specialists – to keep up with new discoveries. For the last 20 years, the above two textbooks have helped those interested in the biology of cancer to bridge the gap

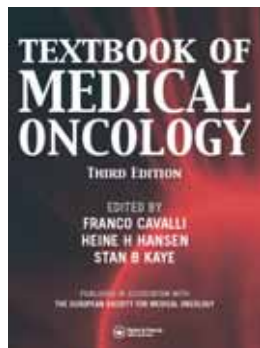
between laboratory work and clinical work, to keep abreast of the tremendous developments that have been made in basic science and apply these appropriately. With similar formats, full indexes, and practical layouts, which include a wealth of illustrations and references at the end of each chapter, these two affordable and up-to-date books cover more or less the same ground. They provide a detailed overview of the process that leads to the development and proliferation of cancer cells, and the current range of therapeutic approaches. The books are written clearly and their length is not overpowering. Where they differ is in their focus and level.

Tannock offers material suitable for a wide range of people interested in the study and treatment of cancer: resident physicians, general practitioners, nurses and students alike. In comparison to Knowles and Selby, it focuses more on medical practice, but provides less basic and less in-depth scientific data. The chapter on apoptosis in Tannock, for instance, consists of 10 pages and 27 references, while the equivalent chapter in Knowles and Selby runs to 18 pages and 55 references (with only one reference common to the two books). In contrast, where Tannock devotes three chapters to chemotherapy (pharmacology of anticancer drugs, cellular and molecular basis of drug treatment for



cancer, drug resistance), Knowles and Selby offers just one short chapter on the topic. Tannock also boasts an excellent glossary, which Knowles and Selby does not.

For readers who have some background in molecular biology or are more research oriented, Knowles and Selby is a good option. The new edition has been expanded from 22 to 30 chapters, to cover new technologies (e.g. transcriptomics and proteomics). When perusing these books, two striking observations emerge: the diversity of types of genes involved in cancer development and the fact that the more we discover, the more we realise that much uncharted terrain still lies ahead.



Textbook of Medical Oncology

3rd edition

Edited by Franco Cavalli,
Heine H. Hansen and Stan B. Kaye
Published in association with the
European Society for Cancer Research
Taylor & Francis,
540 pp, £160 (hardback)

UICC Manual of Clinical Oncology

8th edition

Edited by Raphael E. Pollock
Wiley-Liss, 936 pp, £43.50 (paperback)

Designed for resident physicians as well as for practising physi-

cians and other professionals working with cancer patients, these two textbooks, without being mammoth, provide a comprehensive survey of clinical oncology.

Both books begin with chapters of a general nature, such as the molecular biology of cancer, clinical trials, etc, followed by brief chapters on cancers organised according to their anatomical site. The two books are fully updated and contain useful indexes and references.

As to be expected in view of its price, Cavalli has been beautifully produced, and offers a more pleasant layout and more illustrations than Pollock. Since its subject is solely medical oncology, the basic scientific chapters deal with the principles of systemic therapy and systemic molecular targeted therapies. This is undoubtedly the strongest aspect of the book, as it is highly comprehensive and enables readers to fully understand the rationale for choosing specific drugs and drug combinations. The appendix includes an excellent section devoted to all the agents used in the treatment of cancer (including targeted therapy, endocrine therapies, radiochemoprotectants, growth factors and supportive treatments) and a useful list of abbreviations of drugs and other terms.

An interesting chapter is devoted to the growing field of genetic counseling and the clinical management of families with an inherited predisposition to cancer. Since cancer patients suffer an increased risk of life-threatening events, Cavalli also offers a helpful review of the main medical emergencies that they may experience.

The book's approach is to be commended. Instead of setting out a list of existing results, it offers a critical analysis of current knowledge.

A welcome new chapter on psycho-

oncology and communication (a theme accorded barely one page in Pollock) reminds us that "oncology clinicians tend to underestimate the amount of information that patients would like to receive", and that medical oncology is not simply a matter of mastering the rules of chemotherapy. According to the authors, oncologists themselves suffer from communication difficulties and find it difficult to talk about their own issues and the stresses they suffer from. This is indeed one of the factors that leads to burnout, which is experienced to some degree by 56% of oncologists. Some helpful preventive strategies can be found in this chapter.

The Pollock manual, which has been translated into 12 languages, covers a somewhat broader field, providing essential information on cancer detection, identification, diagnosis, and treatment. It includes important subjects such as paediatric malignancies, cancer in the elderly (missing in Cavalli), multimodality therapeutic strategies and the integration of molecular approaches in both diagnosis and therapy. While stressing the importance of quality of life for cancer patients, which is defined by the authors as "the culture of paying attention to pain and other symptoms," the Pollock manual lacks a global human approach to the subject.

