Rajiv Gandhi Cancer Institute and Research Centre

NewsLetter

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EDITORIAL

"WHEN DOCTOR BECOMES A PATIENT?

When I became a House surgeon, I was quite arrogant, disciplinarian, tough with patients and their relations. People used to run out of the ward whenever I entered the big hall ward. One day senior staff nurse told me "please don't scold attendants of patients. Do you know they call you "MCD ki Committee aagayi". You want to earn that reputation. After few days I my self lay on a trolley in the emergency department of big Govt. Hospital feeling extremely unwell. A young doctor clerked me in. He did not introduce himself by name. I said "I am a house surgeon in LNJP Hospital. He said "so what"what is your problem". I was shaken up.

Doctor should be seen as a person, as a patient. In my residency days, I didn't really think anything of the patients, they were just numbers in very busy OPD. Being ill taught me everything about being a doctor, it is the importance of seeing a patient as a person and not merely a condition or disease.

When was the last time you stopped and had a conversation with someone in the ward just for the sake of having a conversation? We all blame being too busy but are we really? Do we not have 10 minutes to sit down and explore someone's worries? Having a chat can be therapeutic in itself. No examination, no diagnosing, no investigations and no prescribing; just talking and listening. And it helps!

What happens when doctors exchange the white coat for a hospital gown? Physicians learn the importance of empathy and language and gain an appreciation for the trauma of illness. During that time, we experience miscommunications, uncoordinated care, and even blatant insensitivity. My education had taught me how to treat disease. But it didn't prepare me to treat the person. "When I finished my training, I was entirely oriented to disease." I don't think I appreciated how important it was to have kind and caring people at every step of the way." "The way the treatment impacts and hijacks your life .I didn't have full appreciation for that until it happened to me," "I think we have to recognize that until we're patients, we need to work to understand how our actions affect others."It's a lifelong learning experience." Lack of courtesy is just one aspect of poor care. Many doctors dread illness because they are acutely aware of modern medicine's weaknesses and limitations. Often it relates to junior doctors trying to cover up for their obvious lack of knowledge, giving an evasive answer instead of saying 'I don't know' or "how can I help you". Communication skills are at least, if not more of a concern than clinical skills. We are frail, we are humans,bad things can happen to us, just like anybody else.

Doctors find it difficult to adopt the role of a patient. They expect 'individual therapy' and 'special'/V.I.P treatment, a longer appointment, consultation after regular working hours. As a patient, a doctor always uses his/her professional knowledge, experience, relationships and own position. Professional knowledge helps assess symptoms in a quicker and more reliable way, as well as decide on the type of help needed. The 'self-diagnosis' observed among doctors. may lead to two wrong ways of thinking about one's disease. Firstly, it may trigger 'catastrophic thinking' of serious disease. Secondly, it may lead to ignoring the symptoms observed and rejecting a potential disease. Diagnosis and therapy is often delayed by professionals who experience serious medical problems since they are convinced that 'as physicians, they are privileged (and feel a sense of casualness and often authority). Doctors tend to have a distorted image of their own disease. They often perform autodiagnosis, autotherapy and ignore physician's advice. When choosing a doctor, they focus on their relationship with the person and not expertise of person.

Doctors are said to make the worst patients. But does becoming a patient make someone a better doctor? When doctors get sick, they discover fissures in the health system that they didn't know existed. They learn that seemingly small annoyances they never paid attention to as doctors like long waiting times or a broken television in a hospital room really are a big deal when doctors are the patients. Even doctors who thought of themselves as compassionate recognize, they can do better once they experience life as a patient. They also become aware of how many mistakes are made, like the wrong dose of medication. One surgeon told me that the night before he underwent surgery, his surgeon told him there is a 5 percent chance you will die in the O.R. He could have said, "There's a 95 percent chance things will go O.K." He had been a surgeon for 30 years, and he said he'd never thought about how those two kinds of information trigger such completely different emotional responses. I've always thought doctors should experience some of the physical things involved in hospitalization… b-o-r-e-d-o-m, the dizziness of being moved on a trolley, sitting in a dirty wheelchair, waiting for a test and urgently needing to use the bathroom, the awkwardness of using a bedpan and trying to get clean. For starters, try lying on your kitchen floor for a couple of hours and staring up at the lights while a fan blows, cold air on your backside. Educating doctors about empathy is a useful, relatively easy thing to do. But it is no magic bullet.

A doctor's sense of identity often is strongest in a health care setting. However, becoming a patient precipitates a drastic change in authority, duty, privacy, and even attire. Everyone who is born holds dual citizenship, in the "kingdom of the well" and in the "kingdom of the sick" although we prefer to use only the good passport. The Wounded Healer in medicine and theology has special healing powers by virtue of his experience of illness. In Norway, a 2001 survey revealed that 80 percent of doctors had reported to work while sick with illnesses for which they would have advised their own patients to stay home. Two-thirds of these illnesses were considered contagious.

During my postgraduation days in emergency, one little old lady asked for a pillow, my reaction was, "What do you think I'm running here.a hotel?" On my last night as a P.G, I had leg injury following an accident. My first request in emergency - A pillow. That was a big lesson. Now I'm in my 60s, I can share my experiences. These have made me a more caring doctor.

Dr. A. K. Dewan
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ONCO-ANESTHESIOLOGIST: A SILENT COMPANION IN CANCER CARE

'Cancer is a disease in which some of the cells become abnormal, grow uncontrollably and spread to other parts of the body through the blood and lymph systems.' *(National Cancer Institute, USA)*

Cancer is the second leading cause of death globally, accounting for one in six deaths, with an estimated 9.6 million deaths in 2018. In India, one in nine persons is likely to develop cancer in his / her lifetime.

Some have equated cancer with **'WAR'** while others call it **'A JOURNEY'**

On Dec 23, 1971, US President Richard Nixon signed The National Cancer Act and declared 'A WAR AGAINST CANCER'. He authorized huge federal funding for research and development of more effective treatment of cancer. Half a century later, cancer continues to inflict injury, cause pain, agony and death. The war is still ON and gaps in cancer care still persist.

If cancer is a journey, it's a tedious long journey on a bumpy road with uncertainties of destination. The journey is often painful, with anxiety and fear.

Be it a WAR or a JOURNEY, the patient needs support from someone to help *'heal the injuries inflicted'* or *'smoothen the bumpy ride'*.

Oncology - a branch of medicine, that deals with the study, diagnosis, treatment, and prevention of cancer. Anesthesiologists are specialists who have specialized training in providing anesthesia to patients for operations and procedures. Anesthetic management of cancer patients can affect the quality and outcome of treatment. With rising incidence of cancer, and better understanding, onco-anesthesiology has emerged as a separate super-specialty to cater to complex unmet needs of cancer patients, and make it safer and pain-free.

It's pertinent to note that from detection of cancer to discharge or death an Onco Anesthesiologist is a *'Silent Companion'* in the journey of cancer. (Figure: 1)

Journey of Cancer:

Cancer often starts as a symptom depending upon its site - it could be fever or unrelieved pain, lump, ulceration, prolonged cough, unexplained bleeding (vaginal or rectal), jaundice or seizures. Symptoms could be non-specific like weight loss, easy fatigability or an incidental finding following a routine medical check.

The journey of cancer starts with suspicion of cancer which needs to be confirmed.

Cancer is a tissue diagnosis. A tissue from the suspected part needs to be procured, processed, and examined by a trained pathologist, who finally gives his 'verdict': " Cancer Hai / Cancer ho sakta hai / Cancer Nahin hai" (It's cancer / Suspicion of cancer / No cancer). Procuring body tissue is an invasive procedure. It could be drawing out the sample from the diseased part with a needle or taking a biopsy with small surgery,"**IT'S PAINFUL**". The degree of pain varies from minimal to severe depending upon the site and procedure.

If the tissue is reported as cancer, further steps fall in line: is it localized or spread to other organs? This enables one to choose from available treatment options - surgery, radiotherapy, chemotherapy, or a combination.

Pre-operatively, an onco-anesthesiologist ensures optimization for best possible outcome post-operatively. During surgery, the anesthesiologist makes arrangements for safety and comfort of the patient by monitoring and maintaining the hemodynamic parameters (heart rate, blood pressure), respiration, and pain relief. For smooth recovery and comfortable post-operative period, the onco-anesthesiologist provides relief from pain, nausea and vomiting.

An onco-anesthesiologist must be well-versed with modalities of chemotherapy, radiotherapy and immunotherapy along with anticipated

Onco - Anesthesiologist

Biopsy - Surgery - Radiotherapy - Chemotherapy - ICU - Pain Management

Figure: 1

complications and adverse effects so as to efficiently manage the perioperative phase.

If chemotherapy is planned, one needs to have a route for anti-cancer drug administration directly into the blood on multiple occasions, spreading over weeks. The patient is often very anxious and apprehensive as his cancer diagnosis is recent and often unexpected. Delivery of chemotherapy requires insertion of a wide bore peripherally inserted central catheter (PICC) line into a large blood vessel or a chemoport into heart chamber. Both of these are invasive procedure and painful. An onco-anesthesiologist provides sedation and ensures that it's a pain-free insertion.

Radiotherapy is yet another modality of cancer treatment wherein radiation is used to kill the cancer cells in the diseased organ. It could be deep in the cervix, or in the oral cavity. The exposure to the radiotherapy beam has to be precise, and confined to the affected organ so as to avoid damage to the healthy tissue. Accessing the site for radiotherapy involves a painful probe and needle insertion. An onco-anesthesiologist enables safe pain-free insertion of the devices by providing a quiet, calm, and still patient. In the case of a child, where maintaining a still patient is a challenge every sitting of radiotherapy requires anesthesia.

If cancer is widespread to various organs, intractable pain is a common complaint. In desperate situations, what patient looks forward to is not cancer cure but immediate pain relief. Using his expertise the anesthesiologist provides relief using regional anesthesia techniques - nerve blocks, plexus blocks, or by continuous infusion of pain relieving agents (narcotics, non - narcotics or a combination). A patient requiring prolonged hospital admission for intractable pain can be discharged early following these interventions, thereby, reducing the length of hospital stay and the cost.

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When a cancer patient becomes critical by progress of cancer, or life-threatening side effects of chemotherapy/radiotherapy, or super-added infections due to immune suppression, the patient requires admission in the ICU. It is the anesthesiologist, who manages the ICU and tries hard to pull the cancer patient out of the crisis.

For the unfortunate ones death becomes imminent despite the best of efforts. The patient has a desire to be at home with his family. ***"I would prefer to die at home rather than in a hospital."*** An onco-anesthesiologist and his team of palliative care play a major role in fulfilling such wishes and is involved in home care.

Besides pain and death, the recurrence of cancer is yet another common fear in patients and their family. Newer anesthesia techniques (use of regional anesthesia) are reported to reduce the chances of cancer recurrence.

There is clear evidence to vouch for the improved outcome of patients treated in a specialized oncological center by an efficient team comprising the surgeon and anesthesiologist as a perioperative physician. Thus, an onco-anesthesiologist is a silent companion of a cancer patient right from the detection of cancer to discharge or a comfortable death.

Cancer now is a major health problem in India. Anesthesia for cancer surgery is a specialized field, and onco-anesthesiology has emerged as a new specialty. Unfortunately, in India with such a huge burden of cancer, there is a scarcity of trained onco-anesthesiologists. There is an urgent need to bridge this gap by bringing up increasing onco-anesthesia training facilities. Leading cancer institutes are conducting training programs in onco-anesthesia ranging from 1 year fellowship program (TMC Mumbai, TMC Kolkata, RGCIRC, Delhi) to 3 years DM programs (Dr. BRA-IRCH at AIIMS, New Delhi, AIIMS, Rishikesh). The National Board of Examinations of Medical Sciences has recently commenced 2 year Fellowship course in onco-anesthesiology.

We are optimistic that in the near future India will have an adequate number of trained onco-anesthesiologists - the silent companion of every cancer patient.

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RGCON 2023: CURING CANCER IN CHILDREN & ADOLESCENTS

RGCIRC organized RGCON 2023, 21st Annual International Conference on 24th - 26th February 2023 at Hotel Crowne Plaza, Rohini, Delhi. The theme for this year was **Curing Cancer in Children & Adolescents**.

The Scientific program of RGCON 2023 was designed so as to involve all the multidisciplinary teams that are required to treat a child with cancer. Efforts were made to make it clinically relevant and update the participants about the basics and latest innovations in the field of pediatric oncology. We conducted eight workshops covering different aspects of childhood cancer and thus highlighting and emphasizing the importance of multidisciplinary care in management of these diseases. We had eleven international childhood cancer experts from all over the world to share their expertise, knowledge, insight, and experience with all the participants. We received overwhelming response from all over the country and it's a testimony to the quality of our scientific program. The conference had 180 faculties and more than 600 delegate registrations which speak of the enthusiasm about the conference. All the scientific deliberations and workshops were highly appreciated by the participants.

Overall it was a grand success and a great networking opportunity for the entire fraternity of Pediatric Oncology of India to learn and collaborate with each other and experts from abroad.

The inaugural ceremony began with a melodious Saraswati Vandana which was followed by lamp lighting by the dignitaries. The chief guest Dr. Vaskar Saha, Director, Tata Translational Cancer Research Centre, Kolkata; gave a very thought provoking inaugural address and he was felicitated. Thereafter the **"Aashayein Newsletter"** by childhood cancer survivors was released. The annual research awards of RGCIRC were then announced. In the end, there was a mesmerising cultural program by the childhood cancer survivors and hospital staff which left many in the audience teary eyed, and received a standing ovation.

Highlights of the RGCON 2023

- Workshops were on various topics - total of eight
- Alumni meet with social program by all departments followed by a rocking high octane live music band
- Two Newsletters one by Alumni and second by Survivors
- High content scientific program with eminent International and National faculty touching on recent advances as well as awareness and sensitisation of Pediatricians
- Inauguration followed by cultural program by cancer survivors which received a standing ovation

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