CARE
PALLIATIVE
ENHANCE
INSTITUTE TO
see many of the breast cancer patients on this floor.”  The
I came into the patient’s room and introduced myself, saying, “I
There was also concern that she did not understand her
results were not yet available.  The primary service asked
certainly had metastatic breast cancer, although the biopsy
consulting oncologist met with MM and told her that she most
admission to the hospital, the breast mass was biopsied.  The
had a large palpable mass in her left breast. A CT scan revealed
emergency department with flu-like symptoms. On exam she
been sore ever since but she was otherwise fine until she
fallen several months before and bruised her left breast. It had
developed “flu” and came to the emergency department. She
understood that a scan showed “something in my liver,” but
believed that without the biopsy she did not have cancer.
I explained that her doctors were concerned she had cancer.  I
then asked her what she was most worried about.  She told me
that her husband died from lung cancer the year before after a
two-year battle with the disease. She said, “I’m afraid I’ll suffer
the way he did with chemotherapy and radiation and die
anyway.”  I counseled her that some patients with metastatic
breast cancer choose to focus on comfort, rather than pursue
aggressive therapies that may not help them achieve more
quality time.  She was relieved to hear that this was possible.
She was discharged with a plan to discuss treatment options
with her oncologist but was also considering referral to hospice.

Discussion:  A large part of my clinical practice involves
providing inpatient palliative care consults to breast cancer
patients. During my three years of practice in this setting, I
frequently encounter women presenting with palpable, often
fungating, breast masses. In nearly all of these cases patients
sought medical attention for a symptom not obviously related
to the mass or at the request of a concerned friend or family
member. Even after being told their diagnosis, patients often did
not accept it and continued to believe their symptoms were
related to something else. They can continue in this belief for
months and sometimes years. When other health care providers
encounter these patients, they are struck by the magnitude of
their denial.

Upon review of the literature, denial of obvious breast cancer and
delay in presentation for medical care is quite common. Approximately one third of patients present for evaluation more
than 12 weeks after developing symptoms and about 5% present
more than a year after noticeable symptoms. Most of these patients
present with locally advanced or metastatic disease. Studies identify
several reasons for this delay, most of them related to the patients’
initial psychological response to their symptoms. Patients who
delayed presentation were more likely to have significant fear of
cancer itself and/or therapies for cancer including disfiguring
surgery. Many patients noticed a lump but believed that the lump
would go away or attributed it to another cause. Others did not
know that breast cancer is a potentially curable illness and
fatalistically did not seek treatment because they believed they were
going to die no matter what they did. In several studies patients
reported that they knew the symptom was serious, but were too
busy caring for others such as young children or sick family
members to take time to seek medical advice.

Interestingly, although some studies found a small increased
incidence of psychiatric illness in patients who delayed
presentation, studies found no significant differences in
psychological well-being between patients with early versus late
presentation.

When caring for such patients, it is important to realize that their
reasons for delaying presentation or even acknowledging their
illness are significant for them. Rather than initially attempting to
change their beliefs and force them to accept their diagnosis, it is
best to first explore their fears and identify ways to help allay these
fears. In the case of MM, her fear was that she would suffer the way
her husband did and die anyway. Although I was not able to cure
her cancer, I was able to provide comfort by offering her a way to
avoid the suffering that her husband endured.

References: