USSR Letter

Ethics and the patient with cancer

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Among the themes explored by Soviet writers in recent years are the physical and psychological consequences of cancer. The fullest account, and the one best known to the Western world, is, of course, Alexander Solzhenitsyn's powerful novel, *Cancer Ward*. More recent insights, which have given rise to discussion in the Soviet Union, are provided in a short story entitled *Sentenced* by the former journalist Vladimir Soloukhin.¹

At an early point in the story, Soloukhin highlights a sensitive issue of great concern to both doctors and patients. Having made the acquaintance of a real-life clinician who worked at Moscow's Sklifosovski Institute, the author accompanies this eminent surgeon around the unit and records his words to a woman who is dying from carcinoma of the oesophagus: "Later on it will be better, completely all right." When challenged to justify this deception, the doctor gives the following revealing answer: "In the first place, as a doctor I do not under any circumstances have the moral right to tell a patient that he will get worse and die soon. And, in the second place, she cannot get any worse. Anything is better for her now—even death. . . ."

Clearly, it is essential to inquire whether the surgeon's policy of deception should be regarded as merely personal and idiosyncratic. That is an improbable deduction because the concept of clinical freedom is comparatively underdeveloped in the Soviet Union. Decisions about regimens of treatment and ethical issues are largely predetermined in relation to whole groups of patients, such as those in whom cancer has been diagnosed. Rather than practise medicine according to his own judgment, the average clinician is expected to conform to the received wisdom which—predictably enough—reflects the consensus view of influential senior specialists based on teaching hospitals and research institutes.

Moving on from the general to the particular, I find it interesting that a defence of concealing the truth from patients with cancer was published in a recent number of the weekly journal *Literary Gazette*.² The article in question reported an interview with Professor Boris Peterson, who holds the post of director of the Moscow Cancer Institute named after P A Herzen. This is the Soviet Union's foremost unit for investigating and treating cancer. Asked whether it was really necessary to prevaricate, Dr Peterson emphasised the need to allay fear and provide reassurance: informing a patient of the diagnosis, he said, "does not mobilise the will—it paralyses it." A patient who is ignorant of his condition, "will recover more rapidly, after which he will have peace of mind and will not live with a fear of the illness

recurring." The director went on to say: "We frequently tell our patients that it is necessary to operate on account of ulcers, benign neoplasms, etc."

Not the whole truth

The interviewer also raised the question touched on in Soloukhin's story: should a patient be informed when he is close to death? In reply Dr Peterson again took a stand on the need to avoid creating anxiety: "Do we have the right to subject to mental anguish also a man who is doomed to suffer physically?" This justification on moral grounds was then supported by an anecdote about a famous Russian surgeon who had been persuaded by his old school teacher to tell the truth; having predicted a further two or three months of life, he never forgot how the teacher returned a year and a half later and described the misery entailed by living under sentence of death.

Even if a patient refuses to undergo essential treatment, Soviet cancer specialists generally avoid telling the whole truth. The accepted practice is to present the diagnosis as conjectural rather than established, and to employ terms such as tumour, neoplasm, blastoma, and malignant ulcer rather than cancer because (it is asserted) those terms do not have a sharply negative psychological impact.

In commenting on the Soviet practice, I must mention one obvious problem that it is bound to create. The received wisdom states that patients regard cancer as an incurable disease, and clinicians therefore avoid giving them an accurate diagnosis; the result is that survivors cannot testify to the success of treatment and consequently pre-existing attitudes are reinforced.

Evidently from the interview with Dr Peterson little attempt is likely to be made to break the vicious circle. "It must be recognised," he said, "that as a rule our former patients know nothing about the true cause of their illness, thinking that they have been cured of something less serious. And we do not intend to disabuse them." He did not, however, deal with the problem of how to encourage patients to come forward at the earliest signs of cancer, when treatment is more likely to be effective.

Even less satisfactory, it might be said, was Dr Peterson's handling of the question: what if a patient suspects that something is being concealed. His reply was that a man may appear to be in the grip of suspicion but at the same time readily believe that he has nothing to fear. "He is predisposed to this; he has need of this. We oncologists well know that the more persistently a patient demands to be told the whole truth, the more he longs for a refutation of his suspicions."

It is precisely in respect of the "suspicious" patient that Soviet orthodoxy surely creates a most acute ethical problem, for the solution of which the bland formula cited above appears wholly inadequate. The dimensions of this problem may be gauged to some extent from the findings of a survey published not long ago by a clinician working in the city of Kalinin.³ All the patients who were interviewed had been conclusively diagnosed

as suffering from oncological diseases in various parts of the body—cervix uteri, mammary gland, stomach, skin, lung, larynx, tongue, and reticulum cell. (Unfortunately only percentages and not the absolute numbers of people interviewed are recorded.)

Awareness of disease

The object of the survey was to determine the awareness of their disease among those patients who were receiving treatment in hospital. Given the policy of concealment, in fact 9% of them turned out to be accurately informed of their diagnosis. In some cases, they had learnt the truth indirectly from relatives; another source of information was their own medical documents, which had passed through their hands at one time or another. Strikingly enough, a further group of patients had been told the truth by a doctor. In most cases, however, it was not a cancer specialist who divulged the facts.

It is relevant here to quote a passage from *Cancer Ward* in which the hero, Kostoglov, explains how he managed to beat the system, so to speak.

In the regional hospital I was diagnosed by a Korean surgeon. It was New Year's Eve. He didn't want to tell me what was wrong. "Speak the truth, man," I said. "We're not allowed to do that here." "Speak," I said, "I must put my family affairs in order." So he blurted out, "You'll live another three weeks, I won't guarantee you any longer than that." . . . I shook him by the hand. You see, I had to know. I'd tormented myself for six months before that.⁴

Such doubts did not disturb a sizable proportion (27%) of patients in the Kalinin survey. They believed that they did not have cancer, and that they were receiving treatment for other diseases. One of the main reasons they gave for this belief was, as might be expected, trust in the statements made by their doctor. Another was their recollection of other diseases—for example, goitre, mastitis, ulcers—from which they had suffered. The name of the department in which they received treatment also gave some patients the confidence that they did not have cancer. A fourth explanatory factor, which represents the researcher's evaluation, was "a low general level of culture and education." Incidentally, no account was given of how that level was assessed.

The most significant finding of the survey, however, was that two-thirds (64%) of the patients suspected that they did, indeed, have malignant tumours. For some of them, suspicion had been aroused as a result of conversations with other patients. A memorable illustration of the force of this influence occurs in the first chapter of Solzhenitsyn's novel when a new patient, asked about his condition, declares: "I have cancer of nothing. I have no cancer whatever." His words are met with the crushing reply: "Bloody fool! If it's not cancer, what the hell d'you think they put you in here for?"

The names of hospital departments also had a bearing on a patient's belief. Thus a significantly higher percentage of suspicions were recorded in the radiological department. A related point is that patients drew correct inferences from the type of treatment they underwent—for example, radiation. The other main reasons recorded were careless words from medical staff and the "catch-all" explanation of a high general level of culture and education.

The discovery that so substantial a proportion doubted the assurance given by their doctor might be considered strong justification for reviewing the blanket policy that endorses prevarication or concealment. Nevertheless, it hardly needs to be emphasised that in the Soviet Union radical questioning of conventions is inhibited by a range of powerful influences which tend to reinforce each other and foster highly traditional attitudes. Certainly, the Kalinin researcher concluded that the policy should be enforced more vigorously—not that it should be re-examined. Thus he favoured measures such as changing the designation of the relevant hospital departments and relying on patients with non-oncological diseases who were now cured for favourable propaganda. Most remarkable, perhaps, was his advocacy of "credible substantiation by the doctor of a false diagnosis." It is worth adding that the researcher did not mention the possibility that his solution might prove counter-productive in its impact on doctor/patient relationships and serve only to increase the sum of human misery.

References

- ¹ Soloukhin, V, *Prigovor* in Moskva No 1, 1975, pp 45-107.
- ² *Literaturnaya Gazeta*, 21 March 1979, p 13.
- ³ *Problemi vrachebnoi etiki i meditsinskoi deontologii*, Rostovski Gosudarstvenni Meditsinski Institut, Rostov-na-Donu, 1977, pp 102-3.
- ⁴ Solzhenitsyn, A, *Cancer Ward*, London, Bodley Head. 1968, p 37.

MATERIA NON MEDICA

The 1979 General Election

I had stood twice in 1974. The third time was unexpected; the prospective candidate withdrew after an accident, and there was no one else. In many ways the Liberal platform was stronger than before, because the party had positive achievements during the Lib-Lab pact. Inflation and industrial unrest had subsided only to rise again when the pact ended. There was real help for small businesses, and a devolution bill which wasn't perfect but was a step towards a Scottish parliament within a federal UK. Most people in Scotland would welcome more democratic control over the extensive devolved bureaucracy in Edinburgh and a reduction in the size of much local government. Many support the Scottish National Party as a pressure group for devolution, rather than wanting its avowed aim of partition. But they may give up hope of any compromise from Westminster, and Scotland could repeat the sorry saga of Ireland.

Galloway is said to be the second largest constituency in area in the country, but the population is sparsely scattered. South-west Scotland has great natural beauty with the familiar mixture of rural depopulation and a flourishing tourist industry. Unemployment is high and, even with jobs, local people cannot compete for houses with second-home buyers.

Being a candidate is like doing a crash course for the Open University. Taxation, industrial partnership, electoral reform, agricultural subsidies—the list of instant expertise is endless. And this time there

was nuclear waste. It was a gift to the Nationalists, who conveniently forgot about their support for Dounreay. But the issue is complex and vital: energy is the Achilles heel of Western civilisation.

A candidate's day never stops; there are letters from pressure groups and constituents to answer, press releases for local papers to prepare, and interviews for radio and television—especially this time as it was a marginal seat. You have precisely 90 seconds in a windswept village street to tell the camera why people should vote Liberal. And then there are the meetings. In October 1974 we held 50 in three weeks, travelling over 3000 miles in the constituency alone. The seat changed to SNP then and feelings ran high, with posters being regularly torn down at night. This time it was more sedate; inflation had muted the poster battle and we held half the number of meetings. People don't go to political meetings much now; what happens on the box in the corner has more reality than what is going on down the road. Those who came stayed to talk, with questions ranging from proportional representation to capital punishment.

A traditional Tory stronghold, Galloway swung back again from the SNP this year. People wanted a change after the winter of discontent, but electoral reform and devolution will not go away. If 40% of the electorate of Scotland were required to pass the Devolution Bill, why do we have a Government with a considerable parliamentary majority supported by only 33.3% of the electorate? The winds of change will not stop blowing from the North.—DAVID R HANNAY (senior lecturer, Glasgow).