Unspoken Questions of Cancer Patients

prof. PhDr. Ivica Gulášová, PhD.  Mgr. Lenka Görnerová
MUDr. Ing. Ján Breza ml., PhD.  Prof. MUDr. Ján Breza, DrSc.

Summary
Cancer is currently linked with the notion of incurability and inevitable death. To accept the reality of the cancer is a gradual process which is the result not only of will or volition. And it concerns not only the patient. As regards the patient, the way she/he can absorb the disease process depends on several factors. Those mainly are character and personality of the patient; ability to cope with stressful situations; current life situations; as well as the degree of support of family or friends. Communication with cancer patients is one of the most important abilities of each Healthcare Professional. It differs, and is also specific to each development stage of the patient's response to disease. Above all, however, it is crucial in the establishing of mutual trust necessary to a successful partnership of Health Professionals with patients. The authors in this article deal with unspoken questions of cancer patients. One of the most common causes for unspoken questions is that after the announcement of diagnosis and receiving necessary therapeutic measures, suddenly under their impact, the patient needs some time to think through their situation.

Keywords  Cancer patient, Nurse, communication, individual psychological approach, unspoken questions

Introduction
Communication with the patient, which is used effectively, can influence the patient the same as medications. Communication is needed in all aspects of curative and preventive care whether it is the first contact or in long-term care. In addition to expert Medical knowledge, Health Professionals are expected also to have knowledge of Psychology, Sociology and Ethics. Every patient is a bio-psycho-social being with her/his own priorities, needs, problems and diseases; therefore, everyone reacts differently in the same situation. In this sense, we are talking about an holistic approach to the patient. These requirements translate into skills in communicating with patients and in informing the patient. We should be able to discern what information a patient expects from us; how to administer it to him; to understand it; what they need to know.

Certainly, with unpleasant information that we should give to a patient, we should approach her/him tactfully and empathically in a properly created atmosphere so that the information is the least devalued to a patient. In the field of Communication in Nursing, we still have much to learn and we should continually expand our knowledge because we have large reserves in it. Information about the communication in Healthcare is mainly at the theoretical level. From Science in Nursing, we further develop educational programs implemented in Secondary Health Schools and Universities – Departments of Nursing, Seminars and Training Courses. It is therefore in the interest of Nursing Practice, that we first develop the Science of Nursing.

Nurses as an intermediary between Doctors and patients should in the future have to integrate more into the work of Doctors and into the suffering of patients. A state should be created according to local conditions when patients have a better idea of what they can ask Nurses and Doctors about; what will Nurses and Doctors ask them about; as well as the fact that they should have full confidence in them with their problems and not to think that it bothers them; so that Nurses and Doctors would better understand them, meet their needs and satisfy them in their mental state of mind.
Oncological disease is one of the most challenging situations that may arise in the life of individuals and families. It is a heavy burden both physically and mentally; changing the situation of survival and co-existence; requires a lot of changes and adaptation; brings many questions that at the time of diagnosis are not easy to find a clear answer to (Gulášová, 2008).

How Important Is Communication
It can be assumed that sooner or later family and friends will learn about a cancer. Therefore, it is wiser to explain to them sooner so they are better able to offer support and assistance; to make time to allow them to adapt to the illness for the benefit of their close patient; for their own benefit. Severe disease is often an opportunity that uncovers and meaningfully addresses years of unresolved conflicts and misunderstandings. So it is possible to discover the source of aid where a patient does not expect it. The disease greatly changes their view of the world. Original values are converted and obtain different qualities. It happens that when the diagnosis is first known by the family, they often face the temptation to "protect" the patient from the reality of the disease. This situation can change into a game of inadequate compassion and pity. A most common motive is fear that a susceptible patient "could do something". Family members who know the diagnosis are also exposed to a heavy burden. They themselves need to express their feelings and as the impact of this unbalanced, skewed situation they cannot afford to speak them (Linhartová, 2007). Subsequently, they cannot provide the necessary support and assistance to their loved one who has fallen seriously ill. During treatment, the patient generally learns the truth; may now believe that she/he was not told the truth; possibly followed by waves of anger, bitterness and loss of confidence.

Adoption to diagnosis is difficult and from a psychological perspective a crucial period that determines how the diagnosis and the treatment will be received. If the diagnosis is not told then it increases the patient’s tendency to anxiety and hyper-sensitivity. A patient gradually ceases to be readable by his surroundings. He could hide behind a wall of his own feelings, his thoughts, prejudices and unrealistic expectations. Such an unconscious isolation state can gradually move a patient away from her/his surroundings and alone from her/himself, and may even jeopardize the successful course of treatment.

Conversely, explanation, confession and opening create a bridge not only to the understanding but also to the enduring of a difficult oncological treatment. The period of revealing the diagnosis deserves more attention because if one family member becomes ill in a way, then the entire family system becomes ill. The pitfall of this period is different readiness of individual family members. Everyone has a different ability to respond to changes or different speed of adaptation. Often there arises a discrepancy between a patient and family in the need to talk about the illness. The important thing is to let the patient determine in her/his own way when is a good time to talk. Family members should support him in the belief that it is purely up to him; here can be significantly applied communication by touching, caressing or hugging. For the family, it is important to realize that a family member is exposed to an enormously huge burden. She/he is afraid of the disease, pain and experiences a life-threatening situation; anticipates side effects of the therapy; is often clueless about changing normal working life and personal life roles. The load itself is not decisive for the survival of the patient; the greater role plays how it is incorporated and what are her/his coping resources.

In therapy we often meet exhausted partners or parents of an adult cancer patient who fully take care of their sick close one and who reduce their own demands and needs to an essential minimum. Thus, we consider the provision of psychotherapeutic treatment for the family of an oncological patient because it is as important as providing it to the patient her/himself. There is a risky period after the informing about a diagnosis in the differing readiness of
individual family members to hear. Each of them has a different ability to respond to changes and they have a different speed of adaptation.

**Importance of Psychological Assistance in the Treatment of Cancer**

Anyone who is informed about the cancer diagnosis experiences one of the worst periods of his/her life. And it is not so important whether the bad news comes totally unexpectedly or as an acknowledgment of long suspicions that something was not right. There does not exist a way to make preparation for such bad news. However, there can be affected their attitude towards it, toward the world and for themselves which can be a decisive factor in the success of treatment (Gulášová, 2008).

In most cases, patients describe the period of reception of diagnosis and initiation of treatment as "electric shock", "discharge of fuses" or "like I was dropped in the jungle and did not have a map". The initial shock is often accompanied by feelings of unreality; a person may feel as if it does not concern him because it could not be true. That reality is so unacceptable that there begin to function different unconscious psychological defense mechanisms which are a kind of buffer against reality. This is when a patient does not perceive or intentionally/consciously/or subconsciously "overheard" individual information. It is therefore appropriate that the patient may be accompanied to the Doctor by someone close who can remember or write down everything that the Doctor says. It is important for the patient to have the courage to repeatedly ask for what he did not understand; what is not clear. It is also helpful if the patient can stand up to active disease and fight disease with their Doctor. Also, there needs to be enough appropriate information from reliable sources which can help. But it is prudent to watch out for grandiose information from co-patients which works as a sort of "swapping" of the fear to the shoulders of another patient when the first one is relieved by unknowingly and unintentionally scaring of the other one (Gulášová, 2008).

Unfortunately, it sometimes happens that the cancer disease is just a sort of culmination of many difficult and protracted difficulties and problems in the life of the patient. And, if it was not enough, they may associate it with others problems - work, financial, family, etc. Then the person can have thoughts of resignation because it is hard to believe that it might get better. During this period, it is appropriate for a patient to visit a Specialist - either a Psychologist or Psychiatrist - especially if there are problems with sleep; survival anxiety; feelings of panic; sadness; etc. It is possible that the patient does not think of a visit to a Specialist as a solution, so it could be sensitively suggested by close ones.

Oncological patients have to cope with many heavy emotions such as anger, helplessness, injustice, guilt, punishment, anxiety and fear, loneliness, etc. It is relevant to perceive their own feelings; recognize them; not to underrate them; talk about them; or express them in any other suitable manner. To help a patient become aware of these confusing emotions someone close or, even better, a qualified Psychologist can be supportive. Sometimes, a patient rather reveals his thoughts to a qualified Psychologist than to close ones in order to protect them against his oppressive emotions. In any case, however, each should share their feelings because if the patient and relative alone try to pretend bravery to each other, eventually it becomes a difficult situation for everyone. Here, too, to facilitate joint communication by a third party, for example by a Psychologist can help (Gulášová, 2008).

Oncological disease brings many losses relative to the previous way of life. The patient’s foundations of the vision of life and the world as a safe place where bad and unpleasant things happen to other people will shudder. Suddenly, the whole world is turned upside down. A patient somewhat loses her/his way and style of life to which she/he was accustomed and thus also loses some degree of independence and only can cope with the loss through sadness or mourning (Kyasová, Chalupová, 2001). It is a natural and necessary process.
What is very important to recognize is when sadness passes into depression which already requires Psychiatric intervention and the need for appropriate prescription drugs. If a person sometimes cries and feels sad, it is okay and even necessary in the process of grieving. But, if she/he is for some time unable to tune to any positive feelings; experience joy; look forward to something; is tired of activities previously liked; has trouble sleeping; has changed appetite; less energy; gets easily tired; is nervous; querulous; sees the world through “dark colored glasses” then it is necessary to visit a Specialist.

It Is Important to Realize that the Body and Psyche are Closely Linked.
When pain is in the body, the soul suffers, too. Likewise the soul reflects changes in the body. An example is a cancer patient who can suffer from psychogenic reasons returns during therapy: often when the patient changes her/his attitude on chemotherapy to positive and accepts it as a possible way to cure, pain stops completely or at least is significantly reduced. Another example might be the relationship of anxiety to tension in the body. When a person feels anxious, his body is not relaxed. But when it is released, anxiety disappears. Therefore, for cancer patients various release exercises; exercising and relaxation training are very suitable. The effect of the psyche to immunity is proven (Gulášová, 2008).

Diagnosing of oncological disease poses an exceptional burden on each patient. Specialists: Oncologists cure using available resources and knowledge of the body; Psychologist and Psychiatrist focus on the positive influence of the state of the psyche, especially Psychologist. Although seemingly they are separate activities they are, in fact, extremely closely linked by their consequences. Any improvement in the physical condition has, in fact, a positive impact on the psyche of the patient and vice versa. Qualified positive influences of the mind and emotions often help to overcome crises in oncological treatment. In the ideal state they are, therefore, two sides of the same coin - a coin that can significantly benefit a cancer patient in their balance of life (Gulášová, 2008).

Recommendations for Healthcare Facilities:
- Organize Seminars focused on communication in Nursing, Psychology and Ethics in Nursing on both constitutional and clinical levels.
- Head Nurses should pay attention if Nurses are able to communicate effectively and with highly humane approaches with patients.
- Head Nurses should implement surveys to monitor the level of patient satisfaction through communication of Nurses in their Department.
(http://zsf.osu.cz/dokumenty/sbornik04/gulasova.pdf)

A question is a formulation and definition of a problem. A question is a statement that captures the elements of an unknown situation or task requiring explanation. In normal language it is expressed by interrogative sentences or combinations of words. A question has a complex structure and it implies also problematic and assertor sides. An assertor side characterizes the purpose of the question; highlights something which presupposes the existence of the issue and what features are still unknown; also outlines the possible meanings of the unknown. This side of a question goes sometimes to the forefront and receives independent significance (rhetorical, suggestive or provocative questions). In terms of truth, values divide properly built questions to meaningful (matching syntactic, semantic and pragmatic criteria of purpose) to one degree or another or to meaninglessness. Reasonableness and accuracy of a question are important aspects of sound and precise thinking. However, there are questions that are never expressed.

Why Are Questions Not Expressed?
When many questions remain unspoken between Doctors and patients, causes of conflict are diverse in nature. It depends on the nature of a patient or on a Doctor's working methods. The degree of confidentiality between Doctor and patient plays a large role. A lot also depends on the family of the patient; the education and training of the patient; the disease itself; many other factors. One of the most common motives for unexpressed questions lies in the fact that after the announcement of diagnosis and discussing of necessary therapeutic measures, the patient suddenly is under the compulsion that she/he needs some time to think through her/his situation. But, even when this is done and everything is shared with relatives and friends there arise ever more unspoken questions. A patient then must find a way to present them, especially if he fears that he is not mentally and professionally at the level of a Doctor and therefore will embarrass himself. But do not fear "dumb" questions! Each question has its own meaning; its background; it can also show the Doctor a hidden persistent problem. At this point, it should be emphasized that under certain circumstances, the Doctor also needs a little time for reflection as he adjusts the diagnosis quite individually to the personal life circumstances of this very specific patient.

"What I do not know, does not bother me" - with this slogan many patients preclude asking a potentially important question. In the depths of their souls, such patients suppose that some of the unspoken issues could result in unpleasant answers and their cooperation also would be required. (Vacínová, Langová, 2011)

**Fear of Truth**
Due to the fear of the truth many questions remain unspoken. There exists a variety of fears; the truths that are hidden in the patient her/himself; but also in her/his family, circle of friends and the work area. Many patients themselves have no trouble coping with the truth but they fear the reaction of their families. This may include loss of privileges that were previously granted to them because their condition was considered to be worse than it actually was. At the present time, a Doctor tries to express the whole truth but in the past it was different. Today, one of the most important set medical obligations is unconditional informing of the patient. In the majority of cases, it is good for the patient if the unpleasant truth is folded carefully into an appropriate cover and is considerately mediated through hope and ease. Fear of consequences of an unalterable truth is another complex of unspoken questions.

**Fear of the Content of a Question**
Patients believe that their verbal skills are not sufficient to actually explain to a Doctor what they "really" want to know. Indeed, it is difficult for the patient to formulate some problems into words.

**Fear That a Doctor Would Be Too Upset**
Many patients do not dare to speak some questions because they think it would be an exaggerated imposition on their Doctor. Often, it's just an excuse by which a patient justifies to her/himself because she/he is afraid of the truth which she/he does not often share. It is often stated that after a very long time, when a Doctor paid attention to a patient, he no longer has time for her/him. It is often thought that a Doctor should not be burdened by other issues because he it is not paid for them. The rules once were:

- Doctor asks questions: Patient answers them.
- Doctor decides. Patient accepts Doctor’s opinion.
- Doctor orders. Patient obeys.... during examinations and treatment a strong relationship between patient and Physician is thus created.

**Do I Have to Die?**
Although this issue hugely affects the patient, she/he is often controlled by personal shyness and more impactfully, fear to speak it. Conversation about death and dying is becoming a necessity because of our move away from the traditional way of thinking and living, and becomes a precarious mental problem both for patient and Doctor. Both parties lack natural openness. It is therefore necessary to let those questions, unspoken also from the side of Doctor who will not make them the subject of an interview unless requested to by the patient.

**Will I Be Healthy Again?**
When it becomes clear that the disease is not life threatening, this issue offers a high value for the patient. A patient knows that his personal future quality of life depends on the degree of recovery from any illness or injury. First, there is a vital interest not to stay permanently affected; namely to suffer pain; paralysis; permanent shortness of breath; to be confined to bed or a wheelchair; and much else that belongs to permanent and chronic disease. When this complex is explained, it generates new sub-questions such as whether he will be able to perform work activities, civic activities, sports, sex, hobbies, to change residence ... 

**Will Consequences Remain?**
This unspoken question builds on the previous; sometimes they even cannot be separated at all. An affected patient would actually like to know the significance of the consequences of the disease especially for her/him. Many patients have a vague idea of how much of a lifelong burden there will; be after thyroid surgery and need to take a thyroid hormone; or to rely on hearing aids; orthopedic shoes; to maintain any special diet.

**Can I Do Everything Again?**
If a patient is thinking about this issue, he is essentially optimistic. He knows with certainty that the disease is not life threatening. Individual life planning by a patient who thinks about this unspoken question has received a relation of non-compliance with the disease; certain obligations; personal rights; popular customs; but also unpleasant tasks - all which may have been cancelled or delayed under the influence of disease. Patients devoted to God will accept the disease without too much trouble with the scheduling of appointments in the future when they will be able to do everything. On the other hand, impatient patients expose themselves to the pressure. If it can impede healing and rehabilitation, they should necessarily express questions about such contexts.

**How long will it take?**
How long will it take until ear disease strikes previously healthy hearing? How long will it take until failure of blood supply strikes the other foot? How long will it take for stiffness in a joint to complete immobility?

**How can I live with it?**
This question is true both for a depressing but otherwise harmless skin condition as well as for joint disease causing reduced mobility. Generally, a Physician provides a patient some helpful advice. But both Physician and patient know that the desire for knowledge of many patients is never completely satisfied. Seemingly careless and harmless Doctor’s words have consequences: “You just have to live with this!” Words just as useless as ruthless. An experienced, mainly tactful Doctor can somewhat alleviate the situation message by saying, "You will be able to live with this!" With these words a patient’s hope will be increased. (Hagen, 1990)

**Some Additional Unspoken Questions Include:**
- "How long will my body survive it?"
- "How could all this happen?"
• "From what or where did my disease came?"
• "Am I a simulant being convinced I have it?"
• "Can a medicinal product be found?"

Special Questions:
Specifically mentioned unspoken questions have more exemplary character and are limited to particularly common, and therefore for most people familiar problem areas:
- Heart disease, circulatory problems,
- Stomach illness
- Symptoms of rheumatism and related difficulties
- Complex surgical measures

Some Other Unspoken Questions?
- "Is this surgery necessary?"
- "May we postpone this surgery?"
- "Can this operation succeeds in my case?"
- "Is anaesthesia dangerous for me?"
- "Is it cancer or could cancer develop from it?"
- "How about the smoking?"
- "What about sexual intercourse?" Patients are interested in the question of whether sexual activity is a danger for them. Discussions with Doctor about sexual behavior are not as taboo as it used to be before, but some patients find those topics sensitive.
- "Should I do anything else?" (Hagen, 1990)

Patients live in a modern world full of temporary hurry, stress at work, life worries and impotence, and difficulties in the family. Mass media informs patients about everything that is related to her/his disease, medical technologies, pharmaceuticals, Healthcare and many other things. Patients learn many things about diseases but almost nothing about a sick person. There is nothing about how a sick or ill person alone should cope with their situation; how an illness may incorporate into their life. This means that not only Physicians and Medicine have changed, but also patients, too. Treatment is very much linked to the power that a Doctor has when he provides a patient with dialogue, advice and ways to application (Křivohlavý, 2002).

Mental perception of a patient plays a very important role in every, not just in a serious or deadly disease; but the way a patient faces the problem in relation to her/himself; the very important relationship to her/his Doctor. A Doctor is, as a matter of fact, perceived by patients as a "Demigod in a white coat". If a patient can fully trust her/his Doctor regarding her/his physical health and her/his body, then she/he also mentally should trust her/his Doctor and hand over also the her/his soul with its body to her/his Doctor.

There are no bad questions if they are questions whose answers relate to the patient's health.

Any unspoken question, if spoken, may help to treat the patient or at least ease the pain and suffering of the patient. Numbers of issues, however, in most cases remain unanswered, especially due to a patient’s indifference, or rather due to a kind of fear or concern if the question is correct or if it does not bother her/his Doctor. And there are many others factors. Doctors often cannot explain why they lose patients; even though they treat them with the greatest willingness and attention; examinations were performed as professionally and reliably as possible but their enormous effort was still insufficient. So why was it all done for? There is a currently rooted problem that patients fail to recognize and so they can, from some
personal conviction and without cause, change a Doctor. Thus problems remain unanswered; mostly answers to their unspoken questions. Any good Doctor will certainly not refuse the interests of the patient and his every question will be welcomed. Those questions are for the Doctor - patient relationship a sort of “gluing” measure and expression of confidence and commitment.

Health is perhaps the most important thing and we have only one; we also live only once so we should respect and protect it reasonably and not only in your own.

Literature:

prof. PhDr. Ivica Gulášová, PhD.
St. Elizabeth University of Health & Social Sciences, Bratislava, Slovakia, College of Polytechnics, Jihlava, Czech Republic, Department of Nursing, Czech Republic

Mgr. Lenka Görnerová
College of Polytechnics, Jihlava, Czech Republic

MUDr. Ing. Ján Breza ml., PhD.
Urology Clinic with Renal Transplantation Center, University Hospital Kramáre, Bratislava, Charles University, Faculty of Medicine, Bratislava, Slovakia

Prof. MUDr. Ján Breza, DrSc.
Urology Clinic with Renal Transplantation Center, University Hospital Kramáre, Bratislava, Charles University, Faculty of Medicine, Bratislava, Slovak Medical University Bratislava, Slovakia