

REVIEW

Ethics in the Management of Information for Patients with Locally Advanced Breast Cancer

Ética en el manejo de la información de las pacientes con cáncer de mama localmente avanzado

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ABSTRACT

Introduction: making medical decisions in oncologic patients, especially if they present critical conditions, poses insoluble clinical and ethical problems. Obviously, there is no medical act of any kind and in any specialty, without an ethical component; but the ethical dilemmas that arise in the care of any patient, are intensified with the diagnosis of cancer. The diagnosis and treatment of locally advanced breast cancer involves for these women the loss of the role of the breasts, the relationship with the partner, sexual life, reaction of the partner/family and anger. In this case the cancer is perceived by women as a risk and a threat to life and that the removal of the breast mainly affects the identity of the female body. The ethical management of this disease is a challenge for the health professional.

Objective: to describe the ethical aspects related to the management of information on locally advanced breast cancer and to present strategies that can improve the training of health professionals in this regard.

Method: a bibliographic review was carried out in the databases of journals such as SciELO, PubMed, Science Direct, Redalyc, Google Scholar, and updated articles published in the last 5 years were used as references, taking the most relevant aspects of the subject.

Conclusions: the adequate approach to information for breast cancer patients and the expertise of health personnel to transmit it positively influences adherence to treatment.

Keywords: Medical Ethics; Communication; Prognosis; Locally Advanced Breast Cancer.

RESUMEN

Introducción: adoptar decisiones médicas en pacientes oncológicos, máxime si presentan condiciones críticas, plantea ineludiblemente problemas clínicos y éticos. Obviamente no existe acto médico de ninguna clase y en cualquier especialidad, sin componente ético; pero los dilemas éticos que surgen en la atención de cualquier paciente, se intensifican con el diagnóstico de cáncer. El diagnóstico y tratamiento de cáncer de mama localmente avanzado supone para estas mujeres la pérdida del papel de las mamas, la relación con la pareja, vida sexual, reacción de la pareja/familia y la rabia. En este caso el cáncer es percibido por las mujeres como un riesgo y una amenaza a la vida y que la extirpación de la mama afecta principalmente a la identidad del cuerpo femenino. El manejo ético de esta enfermedad supone un reto para el profesional de salud.

Objetivo: describir los aspectos éticos relacionado con el manejo de la información del cáncer de mama localmente avanzado y exponer las estrategias que puedan mejorar la formación de los profesionales de la salud al respecto.

Método: se realizó una revisión bibliográfica en las bases de datos de revistas como SciELO, PubMed, Science Direct, Redalyc, Google Académico, y se utilizaron como referencias los artículos actualizados publicados en los últimos 5 años tomando los aspectos más relevantes del tema.

Conclusiones: el adecuado enfoque de la información de las pacientes con cáncer de mama y la pericia del personal de salud para transmitirlo influye positivamente en la adherencia a los tratamientos.

Palabras clave: Ética Médica; Comunicación; Pronóstico; Cáncer de Mama Localmente Avanzado.

INTRODUCTION

Making medical decisions for cancer patients, especially if they are in a critical condition, inevitably raises clinical and ethical issues. There is no medical act of any kind. In any specialty without an ethical component, “the moral dilemmas that arise in the care of any patient are intensified by a cancer diagnosis. The diagnosis and treatment of locally advanced breast cancer means, for these women, the loss of the role of the breasts, the relationship with the partner, sexual life, and the reaction of the partner/family to anger. In this case, cancer is perceived by women as a risk and a threat to life, and the removal of the breast mainly affects the identity of the female body. The ethical management of this disease is a challenge for healthcare professionals.”⁽¹⁾

Breast cancer is the most common cancer in women, with around 1 million new cases diagnosed and 400000 deaths per year worldwide.⁽²⁾

In Cuba, it is the most common cancer, with 3079 cases in 2023, and is the second cause of death from cancer, with 1521 deaths, for a rate of 27.1.⁽³⁾

Locally advanced breast cancer (LABC) includes a diverse and heterogeneous group of breast cancers, including tumors larger than 5 cm (T3), fixed to the skin and/or wall (T4) and/or involving fixed axillary (N2) or supraclavicular (N3) lymph nodes including stages IIIA, IIIB, IIIC according to the TMN classification of the American Joint Committee on Cancer in its seventh edition.^(4,5)

Even in those cases in which, for histopathological or staging reasons, the prognosis is bleaker, the medical approach should transmit confidence and hope. The presence of these problems in decision-making “should come as no surprise in a disease whose diagnosis is frightening, whose treatments are often disabling, and whose results are slow until satisfactory remissions or cures are obtained.”⁽²⁾

Invasive diagnostic methods, surgery, radio or chemotherapy, relapses, and re-operations all require a very fluid and trusting relationship. This cancer patient, especially if the disease is progressing unfavorably, lives in anguish and suffers physical and psychological deterioration. In the face of this collapse, their reaction may be aggression, rebellion, resentment or fear, depression, denial, or the tempered acceptance of their reality.⁽⁶⁾

All these aspects, added to the visible symptoms of the illness, particularly the pain, constitute critical situations in the relationship with the doctor, in which they also impact.

In their relationship with the patient, doctors must show a mature, confident, firm attitude, and at the same time, affectionate and warm, which inspires confidence in themselves and the solidity of their up-to-date knowledge. Ethics is an integral part of the complete management of these patients.⁽⁷⁾ It has to do with the doctor’s character, education, training, and sensitivity to appreciate what is correct in the management of potentially fatal problems. Character, education, training, and sensitivity. They should abstain from the impossible, aiming not to harm the “Primum non nocere” of classical ethics and the principle of non-maleficence of Bioethics.^(8,9,10)

This article discusses the ethical aspects of information management for locally advanced breast cancer patients and analyzes strategies that can improve the training of health professionals to carry out this process.

DEVELOPMENT

Ethical aspects in the handling of information on patients with locally advanced breast cancer

The first step in a good relationship, the first ethical and clinical consultation component, is communication with the appropriate language that inspires confidence. This communication will allow the proper diagnostic and therapeutic orientations to be recommended. It is a dialogue that requires character on the part of the oncologist, affection, firmness, calmness, the possibility of asking questions, confidentiality, and time; this last aspect is often not easy to achieve in hospital practice. Explained and reiterated information ensures understanding and is the fundamental factor in a correct relationship between interlocutors and the subsequent bond. It is the first stage in achieving trust and avoiding conflict.

The person who decides on the acceptance of treatments and must know their evolution, alternatives, and

consequences is the patient, “the will of the patient as the norm”.⁽¹¹⁾

The patient goes to the doctor because she is looking for help, guidance, and a solution to a problem, which the doctor often does not know how to provide.

Contemporary theoretical bioethics impacts general medical culture through medical journals and some legal interpretations. The great dilemma revolves around the autonomy of the patient’s decisions and the paternalistic, sometimes authoritarian, beneficence of the doctor.^(12,13) It is necessary to establish that the information is given to the patient in clear language and that she must make the decision, provided she is lucid.

Cancer patients are always waiting. They are waiting for communication, a cure, remission, palliative care, quality of life, and dignity of death. The communication of the diagnosis is the beginning of an intense relationship with their attending physician, where hope passes from denial, fantasy, and irrationality to reality, acceptance, and resignation.⁽¹⁴⁾

Studies show that clear information has a positive impact on patients’ success in adhering to and responding to treatment.

Strategies to improve the training of health professionals in information management.

A doctor needs to be adequately trained comprehensively in their specialty and as a person. Postgraduate training during residency should help to temper their character so that they can act responsibly and maturely when making decisions in critical situations. The transmission of ethical concerns and knowledge to resolve clinical and ethical dilemmas should form part of their training.

Attendance at ethical-clinical discussions and Hospital Ethics Committees as part of their comprehensive training.

It is essential to teach and train, together with the patient, internalized habits of clinical ethical reasoning in the face of challenging situations. Communication with the patient is critical to acquiring the style and habit of knowing the truth of the problem with tact, prudence, and delicacy, adapting the information to the patient’s personality type.

Technological tools, such as e-learning platforms and virtual simulators, offer a flexible and accessible alternative for communication training. These tools facilitate access to teaching resources and participation in training activities remotely, which favors the updating and strengthening of medical communication skills.^(16,17)

Providing professionals with immediate and objective feedback from experts and colleagues allows them to identify strengths and areas for improvement. This process is based on standardized criteria and is integrated into continuing education programs.⁽¹⁸⁾

CONCLUSIONS

The appropriate approach to informing breast cancer patients and the expertise of healthcare personnel in conveying this information has a positive influence on treatment adherence.

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