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Incorporate Experiences as a Medical Oncologist to Enlighten Severe Loss of a Loved One: An Optimistic Perspective

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1. Visualize

You are working as a medical oncologist, being familiar to guide patients with incurable cancer. Often, your patients are severely ill. Although a large majority of these patients will eventually be cured, there are also patients entering either a short or long-term disease trajectory in which they are aware of the incurable nature of their disease as well as its prospect of (slow) deterioration.

As a medical oncologist you have a special role in the care for your patients. Regularly, apart from close relatives, you are often the first person they can and also desire to count on: This is not because you, as a medical oncologist, are 'in charge' by making anti-cancer treatment options available. A more important reason is the simple fact that patients are often inclined to discuss their deepest anxiety with you after having heard their diagnosis. In the consecutive short consultations (~15 minutes), medical oncologists have the privilege to bring light into their patients' lives, every time they visit the hospital. Although you take care in that patients receive adequate anti-cancer treatment to stabilize their disease, medical oncologists usually at the same time try to optimize and stabilize their patients' mental health by taking away their anxiety as much as possible [1]. If they would not do that, offering and providing life-prolonging treatment could in fact unnecessarily prolong their suffering.

Probably, you do not even think about this important role: You might not even be aware of the crucial role you can have in their healing process right after they have heard about their diagnosis. Luckily, however, the number of studies is increasing in which the interrelation between physical and mental health receives more attention [2]. In those studies, high-quality mental health seems to be the most important starting point to achieve optimal physical health as well. Often, the important task of medical oncologists, to bring light into their patients' life (without ignoring their mortality) disappears when anti-cancer treatment is ceased. Patients go home and are advised to prepare themselves for their approaching death and are referred to their GP [3,4].

Although this is what is happening right now, we have a strong feeling that the important task medical oncologists generally fulfill for their patients could – at least to a certain extent – be transferred to the bereaved relatives after their patients' death. This is partly because they have known their patients and accordingly their (treatment) history for a long time. But more importantly, because they are used to attain a positive stance during intense and sometimes burdensome disease trajectories. GPs, having a different educational background than medical oncologists, are not always familiar with the oncologic disease trajectory of their patients.3 They may not be able to incorporate the energetic and optimistic stance of medical oncologists/medical specialists, simply because this is not how they are schooled [5].

Today, the support that is provided to bereaved relatives is often focused on the emotional impact and the physical symptoms that may go hand-in-hand with their deep sorrow [6]. She et al [7] reported that although there is currently a strong need for more support regarding the psychological needs of the people mourning, this is not always nearby or accepted from a societal perspective (at least in the US). Various studies have shown that bereaved relatives are often requested to be present at work as if nothing

happened, whereas grief can be typically very painful and highly consequential [8,9].

Moreover, a serious grief disorder does not only have a large impact on the bereaved relatives, but also, on their close environment as well as their professional work environment. Often, people who are suffering from intense grief are not able to perform the same tasks as before for a certain period of time, especially if their symptoms are transformed to prolonged grief disorder [7]. This may encompass serious symptoms such as severe depression, suicidal thoughts, sleeping problems, loss of energy, decreased or increased desires for intimacy/sexuality, severe loneliness, guilt, shame, powerlessness, decreased self-esteem, existential suffering/loss of meaning and the avoiding of people and situations [6]. Yet, the right support with the right people and the right tone can probably diminish and lighten this burdensome period to a great extent [6].

Everyone experiencing grief needs to undergo different stages. This is a natural process and avoiding the pain and suffering would only prolong the period of grief and recovery. However, since (traumatic) grief is not equal to depression or severe anxiety, the care approach need to be different too. Recently, Prigerson et al therefore reported that we not only need to focus on the psychological impact of grief, but also, on its sociological impact [10]. In other words, the amount of 'social space' the deceased filled and that has led to displacement from a prior state of wholeness, needs to be rearranged to reach a new state of equilibrium.

We therefore suggest to not only treat grief related physical and psychological symptoms, but also, to activate and energize persons as far and appropriate as possible by encouraging social contact. In this respect, we also see an important role for the medical oncologist. As the treating doctor, they are used to energize/optimize their patients during difficult time periods and/or extreme (physical) suffering. It is not surprising that the disease process, after patients have heard about their diagnosis of incurable cancer, is sometimes referred to as anticipatory grief [6]. Using the experiences of medical specialists with regard to anticipatory grief as a guide to support bereaved relatives too, therefore seems a logical step. We therefore currently plan to develop an education module in which both the psychological as well as the sociological perspectives will be depicted.

Yet, apart from education we would like to stimulate debate about the importance to pay more attention towards grief generally speaking. Attention towards the people who grief, towards the healthcare professionals being confronted with lots of (anticipatory) grief and towards the work environment to ensure adequate support for their coworkers experiencing grief. We believe that taking care of this societal perspective will eventually be beneficial to all.

2. Funding

Vaillant

3. Songs

Vera D. Roller coaster.

Heaven. Where the heart is.

Heather J. No time limit to grief.

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