Cancer and primary care

Glenn Duns

Medical school is such a transformative experience that it can be difficult at times to recall one’s perception of illness and health prior to medical training. My family doctor was easily able to manage whatever medical problem I presented with as a child, whether it was a sore throat, broken clavicle or chin laceration. My sense was that if the family doctor could manage these problems with ease, then the vastly more resourced and technologically sophisticated hospitals at the periphery of my awareness would be able to cure anything.

The one disease that broke through this sense of medical omnipotence was cancer. Inevitably, we’ve all known, personally or professionally, someone with cancer: the childhood classmate who goes off to hospital and returns permanently disabled; the friend’s mother who loses her hair, loses weight, then is never seen again. These experiences can lead to the equation of cancer with death, and a sense of catastrophe becomes crucial, and Bird5 further explores this topic in an article that considers the legislative landscape in Australia around advanced care plans.

Unfortunately, many GPs do not treat palliative care patients, for a variety of reasons. This may be partly related to the previously mentioned fears and prejudices surrounding cancer. Susan Sontag wrote that in advanced industrial societies, ‘As death is now an offensive meaningless event, so that disease widely considered to be a synonym for death is experienced as something to hide.’ In my own experience with treating palliative care patients I have encountered many challenges but the one thing I have absolutely never felt is a lack of meaning. Working in conjunction with a high-quality community-based palliative care service, I’ve found that patients and their families can be properly supported and provided with comfort and dignity at home.

GP’s are experts in multidisciplinary care and managing undifferentiated presentations. Cancer challenges and engages both these capacities, and will continue to do so for the foreseeable future. The holy grail of a cure for cancer may manifest at some point, but until then GPs will need to play an essential role in the management of cancer via the provision of comprehensive and continuous care, from diagnosis until the end of life.

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References