



Medicine for Managers

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Talking of a Cure

Doctors enjoy a unique position in society, no physician more so than an oncologist. Their clinics are filled by patients who have often had a shattering diagnosis and will have undergone what feel like interminable and uncomfortable examinations followed by intrusive and stressful treatments. Once the treatment is complete, they will meet the oncologist again, hopeful, expectant and fearful, waiting to hear one word; 'cured'.

The *Cambridge Dictionary* states:

A cure; something that makes someone who is sick healthy again

Wikipedia states:

A cure is a substance or procedure that resolves a medical condition

Other definitions include the key characteristic of the disease not recurring. So, for example:

The National Cancer Institute says in respect of malignancy:

Cure means that there are no traces of cancer after treatment and the cancer will never come back

Medicine has achieved 'cures' of illness and disease since the 1600s. Over the years, cures have been introduced for a host of different illnesses. Yet many of those illnesses actually aren't consistently curable. What treatment may do is to restore good health to the patient

for a period of time. For many, a cure means much more. It provides peace of mind, providing a state where they do not feel unwell, or have to stick to a treatment plan, or have recurrent bouts of therapy, or have to attend a doctor regularly.

However, many of the illnesses where treatment does restore feelings of wellness and the ability to work and play may only do so for a period of variable length.

Patients want the 'cure' to allow them to live without fear of a premature death and all the burdens associated with maintaining a lifestyle or having to rearrange it because of recurrent disease that cannot be controlled.

For most heart diseases, cancer, Alzheimer's disease or Parkinson's disease, for example, a cure in the true sense of the word is not possible with the present state of knowledge.

It is important to consider the other words used in medicine to describe the progress of disease

management and their relationship to any sort of reliable forecast of promise of a specific outcome.

1. **Treatment** of a patient may involve surgical procedures or medicines and therapies which may eliminate some or all of the symptoms associated with the disease, allowing individuals to stay healthy and live life in a way which is appropriate for them. Treatment may have a range of different outcomes including:

- **Cure.** This outcome eliminates that particular disease for good. An example would be an antibiotic used to treat an acute bacterial tonsillitis. The infection causing the tonsillitis would be gone, but of course there is no guarantee that a further infection with another organism might not produce the same symptoms.
- **Prevention.** Patients may have no symptoms of disease but may have treatment to prevent or reduce the risk of such a disease occurring. An example would be a vaccination against the human papillomavirus (HPV) which is recommended for girls of 12 and 13 and protects against genital warts and most cases of cervical cancer.
- **Management.** Many treatments may suppress or reduce the symptoms of a particular disease, to enable the patient to feel better and live a more normal life. Insulin to treat diabetes usually maintains reasonable health if treatment schedules are followed, despite the disease itself being incurable.
- **Palliation.** Such treatment improves the quality of life with someone with

incurable and usually life-limiting disease. It does not in any way alter the prognosis or lessen the severity but makes living better and more comfortable.

2. **Recovery** is the process of getting better. It may or may not be associated with cure. The treatment may abolish the symptoms of a disease but improvement is without elimination or cure. An alcoholic patient may be in recovery with treatment but it does not guarantee never having a relapse and relies on patient commitment to daily life without alcohol.

3. **Remission** is a term to describe the situation where the signs and symptoms of a disease may have been reduced (partial remission) or have completely disappeared (complete remission) following treatment of the disease.

Commonly applied to the treatment of cancer, the term indicates the status of the disease and does not come with a guarantee of no future recurrence. It may be that remission lasts for weeks, months or years or may be lifelong. If it does recur, further treatment will be necessary.

In the management of cancer, it is strictly not curable but the treatment may appear to eliminate the malignancy from the body completely. Huge progress has been made in the treatment of the disease, creating drugs against specific types of cancer, which may enable survival in circumstances where the tumours would have been deadly even a few years ago. Sometimes cancers go into complete remission following treatment, never to recur.

For the oncologist managing cancer, the post-treatment patient commonly wants to hear the word 'cure'. After ten years of post-treatment

scans following breast cancer or melanoma, the relief of being told that they are 'cured' can have a huge impact.

However, many clinicians in oncology or any other area of clinical medicine, prefer an alternative phrase. "***Likely to have been cured***", or "***Showing no evidence of disease***" are perhaps more accurate and will provide a degree of reassurance without any sort of guarantee that the disease will not recur.

'Five-year survival' and 'ten-year survival' may be used as measures to indicate what patients can expect. Another measure is the '***excess mortality***' figure, which is the comparison of survival against the general population for a particular tumour.

Large studies have indicated that, compared with the general population, lack of excess mortality is reached after about eight years following colorectal or invasive cervical cancer. (i.e., after eight years, the risk of dying is the same for the general population of a matched age). For patients who have had breast cancer, a small excess mortality persists for up to fifteen years after diagnosis.

Perhaps the key question is whether the word 'cure' should be used to describe the outcome of any treatment for a disease which, otherwise, would be life shortening. Is it reasonable, in circumstances where tests show resolution of a disease, such as in cancer, to tell the patient that it is cured, or whether to be cautious and qualify the outcome by confining patient information to words which explain that the result has been the elimination of all identifiable disease.

The answer is really imponderable. Telling a patient that he or she is cured will generate relief and allow them to continue with life with security in the knowledge that the illness has gone. How devastated might a person feel if unlucky enough to be in the minority where it does recur. Can a doctor be sure that the patient is actually 'cured'? Perhaps not. If treatment has reached a conclusion, but the doctor does not use the word cure, then the patient may be demanding of further treatment, or be left very unhappy with the prospect of disease which will recur sooner or later.

Doctors have an ethical obligation to provide accurate and transparent information to patients about their condition and treatment options. Caution should be adopted when discussing condition and 'cure' should be used only when high certainty that the disease has completely gone and will not return. Information about outcomes, management, treatment limitations and recurrence are important and the doctor should be skilled to assess how much information can be processed, over what period of time and to what purpose.

Perhaps the greatest skill of the empathetic doctor (and probably a skill which no AI will ever be able to demonstrate) is an understanding of how much and what information an individual can manage. The quantity and content of any post treatment provision to any patient will depend very much on that particular patient's understanding, fortitude, and even courage. The last word about the 'good' doctor is certainly that he or she should have knowledge, skill ***and judgement.***

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