

CORRESPONDENCE

Cancer, anxiety and distress: Knowledge and attitude

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Dear Editor,

We read the quite interesting article published in JBUON, entitled "Quality of life in long-term premenopausal early-stage breast cancer survivors from Spain. Effects of surgery and time since surgery."

Dr. Arraras et al. have described well the quality of life in patient with breast cancer in Spain [1]. In Iran breast cancer is also the most common malignancy in females and is responsible for numerous deaths like in other developing countries. Breast cancer patients face too many different challenges in all phases of their disease, including diagnosis, treatment and rehabilitation. In many studies, anxiety, depression and stress have been reported as the major complications with which cancer patients struggle [2]. However, the low level of knowledge of cancer diagnosis is one of the issues that might lead patients to higher level of emotional distress [3]. In Iran most of breast cancer patients are not aware of their diagnosis, because the majority of physicians do not inform them about their illness owing to their families' request [3,4], because most people in Iran, like in many Middle-Eastern or Asian countries, interpret the diagnosis of cancer as equivalent to death [4]. One of the factors that has a major role in reducing depression and deal with problems in life in recent years, especially in religious communities like Iran, is religious coping [5]. Religious tenets can direct an individual toward having good mental health and that faith in God can provide a person with such strength as to be able to fight against depression [5]. Psychotherapy, the individual or family counseling, increasing the knowledge of the patient and his or her family, and especially enhancing

the religious belief can contribute to the better acceptance of the disease and better confrontation with psychological problems. It seems that paying attention to the above-mentioned problems, as well as using psychologists and trained personnel can help the patients and decrease the number of problems which can result in a reduction in the rate and grade of emotional distress. Therefore, oncology specialists should utilize psychological health services to improve their patients' mental health and control the consequences of the disease. Also, it must be pointed out that the treatment modalities like chemotherapy and radiotherapy have side effects that exacerbate the emotional situation.

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Reply to drs Faezeh Mohammadi Bezanaj and Mahboobeh Sadeghi Ivvari

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Dear Editor,

We are writing in response to the letter published in JBUON "Cancer, anxiety and distress: Knowledge and attitude," written by drs Faezeh Mohammadi Bezanaj and Mahboobeh Sadeghi Ivvari.

We do appreciate their interest and think these authors have addressed very interesting issues related to cancer patients' Quality of Life. One of these important issues is information.

Information provided to cancer patients about the disease and its treatment is one of the main elements of supportive care [1]. Culture influences the variability of truth-telling attitudes and the different roles of the patient's family in the information [2].

Two main models related to information disclosure are presented in the literature: autonomy and paternalism [3]. In the autonomy model, there is a preference for giving patients honest and complete information. In the paternalistic model, bad news is withheld by family and the physician in an attempt to protect patients, foster hope in them, and keep their spirits up. Families in the paternalistic model tend to ask professionals to withhold information in order to protect patients with advanced disease. There are cross-cultural differences in the predominant information disclosure model. There, cross-cultural differences in information disclosure appear especially in patients with incurable cancer. These differences are not based on economical resources: e.g. in countries like Japan there is a predominance of the paternalistic approach in patients and health professionals. Information wishes are rather similar in different countries [4]. On

the other hand, even patients of the same country could have different levels of desire for information. A lack of knowledge can be used as a coping strategy for some patients.

Training professionals in communication skills is believed to increase both the level and quality of information disclosure. Psychologists have a key role in training health professionals, and in improving the information and communication between patients and health professionals [5].

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