



# Patient Fears of Tumor Cell Dissemination Secondary to Surgical Interventions—Part II

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Patient fears are an ever-present factor of patient care, and addressing those fears is a responsibility of the healthcare provider. One such fear may be of tumor cell dissemination secondary to surgical interventions. Preparing for such discussions will allow the healthcare provider to speak with authority on the topic of tumor dissemination secondary to breast biopsy or surgery, even in a situation where a patient has underlying fears.

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Personal beliefs help form the direction of a person's life in many ways. When personal or cultural beliefs conflict with mainstream medicine, delays in achieving standard care can result. The healthcare provider must discuss foundations of current practice to educate the patient regarding the rationale for treatment recommendations. Recognizing the patient's beliefs and viewpoint is an important part of the medical decision-making process. Ultimately, if patient fears have been discussed and the patient has been educated about recommended treatment, the healthcare provider should be supportive of the patient's decision. This support should be provided even if the caregiver's personal beliefs conflict with those of the patient. Technology and medicine have advanced, and so have the ways patients interpret their health. The Internet has become an accepted and influential source of healthcare information. However, not all sites are of equal quality and may be based on opinion versus medi-

cal fact, evidence, or current research. To validate what they believe to be true, people may gravitate to sites supporting their own preconceived beliefs. Many websites exist to interpret symptoms or discuss alternative choices to mainstream medicine. When combined with cultural or personal beliefs, this information may translate into or support fears regarding medical decisions, such as a biopsy for determination of cancer presence.

## Patient Fears

Fears of cancer and its metastasis can be multifactorial. Patients may believe that disturbing or penetrating the malignancy will cause or hasten the spread of their cancer. Patients also may believe that exposure of the tumor cells to ambient oxygen will result in furthering the spread of cancer. Culture, education level, and life exposures may influence a patient's opinion. Fears may be based on generalized fears (e.g., death, deformity)

or unanswered questions, and may result in the patient seeking comfort in spirituality (Demir, Donmez, Ozsaker, & Diramali, 2008). Chapple, Ziebland, Brewster, and McPherson (2007) discussed a group of patients who verbalized fears of their prostate biopsy spreading their cancer and transmitting cancer cells to partners during intercourse post-biopsy. In addition, some patients surveyed about air exposure during lung surgery believed that exposure of cancer cells to ambient oxygen would spread their cancer (Margolis et al., 2003). Patients firm in their belief would elect not to have surgery and did not believe physician statements to the contrary (Margolis et al., 2003). Cultural and racial differences also factor into patient perceptions and fears regarding biopsy. Of the participants studied by Margolis et al. (2003), African Americans were 3.5 times more likely to believe air exposure spread their tumors. This belief was so strong that 19% of African Americans in this study would decline surgery, whereas only 5% of Caucasians would decline surgery. In addition, 14% of African Americans and 5% of Caucasians would not change their beliefs regardless of their doctor's advice (Margolis et al., 2003). It would be safe to assume that all patients have fears of cancer metastasis, and this topic should be addressed in discussions of cancer treatment and the course of care. Patients may be hesitant to disclose fears; however, once discussed, fears can be addressed and hopefully overcome.

## Patient Barriers

Patients can have personal barriers to having a biopsy even if biopsy is recommended according to medical standards.