

[TRACK 2: SURVIVOR STORIES: LEARNING ABOUT CANCER]

Social worker & nurse

[Social Worker]

How common is cancer? I read recently that about one-third of the adult American population is 65 years of age or older. And, since cancer is a disease of aging, it's not surprising that more than 60 percent of all newly diagnosed cancers every year occur in people over 65 years of age. That means that every year almost three-quarters of a million people over 65 get cancer. That also means that some of your friends and family may have a history of cancer. They might be cancer-free now or they might still be on active treatment. So, yes, cancer is a common and major health concern for older people. When you add to this the fact that many older people already have at least one other chronic health problem, then managing cancer gets more difficult. This makes effective communication between the cancer survivor, the family, and the health care team very important.

[Nurse]

It used to be that doctors did not always discuss medical findings and treatment choices with their patients. They looked at all of the facts and chose what they felt were your best options. Up until the mid-1970's, some doctors often did not tell people directly that they had cancer. With the patients' rights movement that has changed and, more than likely, your doctor will want you to be a full partner in your care. That means you'll need to find a way to let your doctor and the health care team know what type of treatment you choose for your cancer, if there's a choice between different types of treatment. You should also tell your doctor if you have any other special needs during treatment. For example, if you are a vegetarian or cannot tolerate milk products, your doctor should know this. Also, your doctor needs to know if you're taking any vitamin supplements, natural "medicines," over-the-counter medicines, or any type of complementary treatment, because some of these medicines and treatments can cause problems with the treatment you will be getting for your cancer. Telling your doctor about these things might make you a little uncomfortable at times, but by working on your communication skills, you can become better at it.

[Narrator]

Some people claim that "they don't want to hear about bad news, that they don't want to know if they have cancer." This may be especially true in some cultures. Listen to what Mary has to say about learning her diagnosis.

Mary, in her 80s

[Mary]

About four months ago, I found a small hard lump in my right breast. It did not hurt, but it did not go away. I tried to ignore it, to pretend that it was not there. But then it seemed to be getting bigger, and I finally mentioned it to my daughter. She had been after me to get one of those tests -- a mammogram - but I did not want to. So, she called my doctor and told her about my lump. Dr. Ryan asked to speak to me on the phone, and she said it was too dangerous for me not to get it checked. So, I let my daughter schedule the test, but I told her to tell the doctor that if it was cancer, I did not want to know. In my homeland, the doctor makes all decisions, and you just do what they say.

[Mary]

After the tests, Dr. Ryan called and asked me to come in and talk with her. I agreed, but told her I did not want her to tell me anything bad -- if it was bad, I wanted her to tell my daughter. She said she understood my concerns, but that she cannot give me any treatment unless she talks with me in person. She also said I would have to sign something called an "informed consent document," which says I know what I have and how she will treat it. Dr. Ryan said I should bring my daughter with me to help me understand, but that I did have to come and talk with her myself.

[Mary]

I was very scared, and when we got to Dr. Ryan's office, I wanted my daughter to go in alone. I kept telling her I will be better not knowing anything. But, Dr. Ryan herself came out and again told me how important it was that I come into her office, too. So, my daughter and I went in. Dr. Ryan talked very softly, and was very kind. But, when she said it looked like I might have breast cancer, I started to cry. I told her I did not want to hear anything else. She waited for a few minutes, and just held my hand. When I calmed down, she went on and told me that there are new ways of treating cancer now. I said I remembered my mother was burned very bad after she had breast cancer, that she could not use her arm anymore. Dr. Ryan explained that all of that has changed, and that women with breast cancer can lead very normal lives. She said I would need to make some choices about what kind of treatment I would prefer, and whether I would want to have what she called "breast reconstruction" -- that means making my breast look almost like it used to before the surgery. She said that I did not have to make those decisions now, but could take some time to get used to the idea and think about my decisions. She said that she and my daughter would help me with those decisions. While I still felt scared, I felt better knowing that there was so much they could do about my cancer.

[Narrator]

Research shows that an informed patient usually does better in treatment. They know what to expect, what side effects, if any, to look for and when to call the doctor or nurse with a question or problem. Yet many people are afraid or reluctant to question their health care team. This can lead to poor care, misinformation, and increased problems. You must remember that the most important person on your health care team is you. You have a responsibility to let your doctors, nurses, and others know when you have a question or concern. You'll find that they will gladly work with you to find solutions.

[Narrator]

Listen to how another cancer survivor, Joanne, dealt with a difficult problem when she needed to address a sensitive issue.