

Coming to Terms with Cancer & End-of-Life Issues



By Erik Lief — September 19, 2018



via Google Images [1]

With Americans living longer than ever, more and more attention is being paid to how adults manage potentially-fatal diseases and end-of-life issues. Here are two cases in point, both focusing on the mental – not medicinal – aspects of this topic.

The first is a well-publicized book that you may have noticed over the last few months, on ways to confront one's mortality. The second involves a growing trend of seeking outside assistance, to help ease and manage the debilitating fear created by a cancer diagnosis.

Natural Causes, written by veteran author Barbara Ehrenreich and released in April, argues that instead of constantly struggling to postpone our inevitable physical decline and certain demise, we should instead be at peace with both and live life more fully while we are healthy enough to. (That's just one of the book's central themes.)

It's an alternate philosophical approach to be sure, but one, she argues, that can deliver years of happiness and calm satisfaction in exchange for fewer tests, doctor's visits, worry and ruinous distress. For example, at 77, she has stopped having cancer screenings or annual checkups. In short, Ehrenreich says she's OK with death whenever it comes for her.

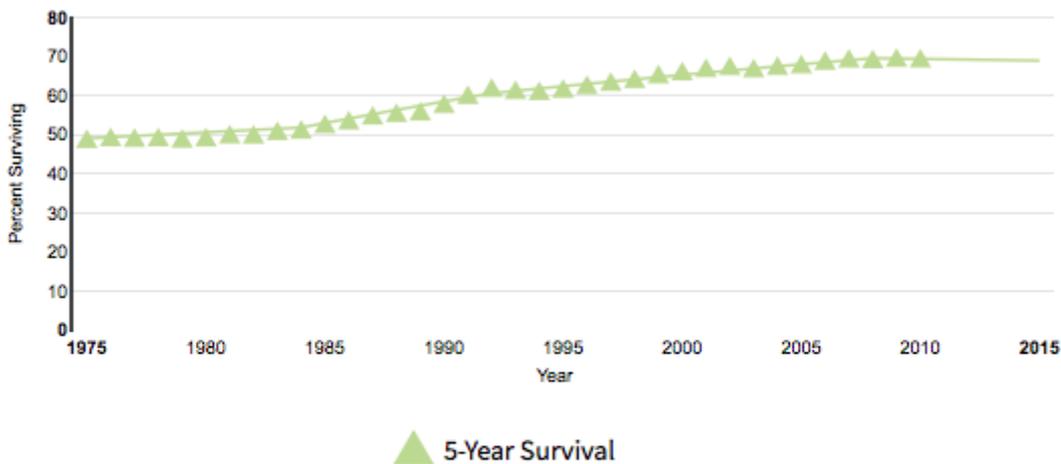
Now, aside from that view, when someone receives a cancer diagnosis the psychological impact is often so overwhelming that it can create a state of mental paralysis. That's where the second case, independent cancer coaches, come in.

Generally operating apart from the hospital setting, these coaches – oftentimes cancer survivors themselves – help new cancer patients avoid plunging into depression. They provide emotional support, as well as practical advice on health issues, exercise and nutrition, among other things. There's also the business of cancer patients handling treatment and the challenges of returning to

work.

Part of the reason why cancer coaching in the United States is on the rise is that, from a macro standpoint, we are witnessing an increasing ability as a population to live longer with the disease, in its many forms.

"Compared to cases diagnosed in 1975-1977, five-year survival for cancers diagnosed in 2006-2012 increased significantly for all but two types of cancer: cervix and uterus," according to the National Cancer Institute in an [Annual Report](#) [2] released last year. "The greatest absolute increases in survival (25 percent or greater) were seen in prostate and kidney cancers as well as non-Hodgkin lymphoma, myeloma, and leukemia."



In addition, NCI

SEER 9 5-Year Relative Survival Percent from 1975-2010, All Races, Both Sexes. Modeled trend lines were calculated from the underlying rates using the [Joinpoint Survival Model Software](#).

reports that the [five-year survival rate](#) [3] for those with any form of cancer has increased from just over 53% in 1986 to nearly 70% in 2010. That, of course, means that those diagnosed with cancer are living with the disease longer and as a result are faced with longer-term issues related to it.

And coaches often report that their services fill a need as patients transition away from the hospital setting.

"Survivors who are ending treatment and creating new normal lives benefit most from my work," says Paula Holland De Long, a certified coach and cancer survivor from Fort Lauderdale, Fla., speaking to the [Wall St. Journal](#). [3]"The residual trauma of the chaotic experience and loss of regular contact with the health-care team are significant.... The desire to be healthier to prevent recurrence, make the most of their time and give back in some way are fairly universal themes for survivors, who may not know how to successfully make changes."

Meanwhile, Ehrenreich's view, while largely different from those in this coaching circle, is finding support from some in the medical community who also favor valuing the quality of life in a person's later years, rather than simply living longer.

"Life extension should no longer be the primary goal of medicine when applied to people older than 65 years of age," writes S. Jay Olshansky, PhD, from the Division of Epidemiology and

Biostatistics at the Univ. of Illinois at Chicago School of Public Health. "The principal outcome and most important metric of success should be the extension of healthspan," a term he uses that refers to experiencing a fulfilling life while relatively healthy. Dr. Olshansky's views were [published in an opinion essay](#) ^[4] in September's *Journal of the American Medical Association*.

He adds that extending life by battling one terrible disease only can invite even-worse diseases to surface, which worsens healthspan even further, and ushers in "a phenomenon known as '*competing risks*.'"

"When the risk of death from a disease decreases, the risk of death from other diseases increases or becomes more apparent," Dr. Olshansky states. "With advancing age, the period between the emergence of competing diseases shortens. The hazard in old age is not so much that one disease displaces another but that the new diseases are often much more debilitating. For example, finding a cure for cancer may cause an unintended increase in the prevalence of Alzheimer disease."

Given these competing views, what's the best way to proceed? Of course, that's for each one of us to decide, and the decision will be affected by many factors, among them, family, personal finances and one's will to live. Regardless, more and more this topic continues to raise one of the most intriguing existential questions for the ages – a statement that can be taken quite literally.

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[2] <https://www.cancer.gov/news-events/press-releases/2017/annual-report-to-nation-1975-2014>

[3] https://www.wsj.com/articles/cancer-coaches-help-guide-patients-during-and-after-treatment-1537149901?mod=hp_jr_pos1

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