

The Other “C” Word

There are few words that universally scare people of all ages more than the word *cancer*. In some cases, the person is dealing with an aggressive cancer that is associated with a poor prognosis. In other cases, the cancer is relatively benign or not immediately life-threatening. Regardless of the specifics, someone who has just been diagnosed with cancer is likely to experience strong emotions.

To some extent, our country—and indeed, the world—has suddenly had to come to grips with the reality of COVID-19 in much the same way that someone might experience a cancer diagnosis. Anxiety, uncertainty, loneliness, and hope are just some of the emotions that our nation has experienced over the last several months. Although we have perhaps witnessed the worst of the initial surge of cases associated with this pandemic, it is far from over. Like cancer in an individual, COVID-19 may linger in our community for years, with intermittent flares. How do we go about our daily lives among so much uncertainty? We know how important it is to minimize the risks to those who are most vulnerable to COVID-19. How difficult, then, to fall into one of the highest-risk groups of all, and be an elderly person who is also dealing with cancer.

During our initial phase of social distancing, we were able to manage many of our patients with cancer using telemedicine. By staying at home for doctor’s appointments and leaving only for exercise and essential trips, patients were able to minimize their exposure to others who might be carrying the novel coronavirus. Although this approach to social distancing has been largely successful in “flattening the curve” of cases and deaths in communities across the country, these policies have had unintended consequences for many patients. In addition to negative effects on mental health, many people experienced dramatic changes in activity levels, diet, and sleep—all of which affect general health. The consequences may be even higher in patients with advanced cancer, for whom a delay in treatment of even a few months could

significantly impact the effectiveness of systemic therapy. I have personally struggled with scenarios in which a patient is reluctant to undergo more testing, despite the risk of disease progression.

Should I push that person to accept more staging studies, or should I allow his or her concerns regarding coronavirus exposure to take precedence?

Another unfortunate consequence of our isolation policies has been the hardships our cancer patients have endured after admission to the hospital. Like many large hospitals around the country, my institution initiated a policy early on of limiting inpatient visitors to pediatric cases only or cases in which patients are actively dying. This policy left the vast majority of our cancer inpatients isolated from their caregivers and loved ones just when they were most vulnerable. In these scenarios, several of my patients opted for hospice rather than additional treatment that might have landed them in the hospital again. That may have been the right decision, but perhaps for the wrong reason. Finally, how many of our patients who have died of their cancer during this time have been laid to rest with abbreviated funerals, or none at all?

Without a doubt, the COVID-19 pandemic has been hard on all of us, and many have paid the ultimate price. Personally, I have experienced more professional isolation during this time than at any other time in my career, with fewer venues in which to articulate my feelings. I will write more about that next time. In the meantime, if you have insights or experiences related to the pandemic that you would like to share, please write to us at info@clinicaladvances.com. We would love to hear from you.

Sincerely,



Daniel J. George, MD

