
Preface

The idea for this book of essays arose after several years during which the co-editors collaborated at the University of Pittsburgh on the medical oncology and psychological care of patients diagnosed with hepato-biliary cancer. Although the need for patient psychosocial support was evident, the time available in an ever-busy clinic was not conducive to the extended discussions that many patients and families wanted. The time pressures on staff in U.S. hospitals are increasing annually, in the name of system and business efficiencies. We noted a dichotomy between ideal total patient care in clinical practice and the realities of limited time per patient for employees of medical organizations. To some extent, patient-enabling Internet communication and services with health-care providers are beginning to be introduced with this dichotomy in mind. Still, the need for real-time, face-to-face contact and sufficient time with health professionals to hear and address their concerns are a patient priority.

He medical/psychological literature has exponentially expanded in the last decade with increasing documentation and sub-set characterization of various aspects of the quality of life of patients and their loved ones. Moreover, feedback from patients has resulted in a further proliferation of research that has extended to family and caregivers, who are rightly seen as important components of the patient environment, as well as subjects in need of study and care in their own right.

The arrival of unwelcome health-related news in the form of a cancer diagnosis would be expected to interrupt a person's self-perception and plans for his or her unfolding life story. Reflection on this interruption will likely result in fear and anxiety about the unknown quality and quantity of life that will now lie ahead. The major part of this book is taken up by considerations of the available resources in support of patient coping with his or her post-diagnosis new life structure as it is imagined and might become. Much of that is hypothesis and world-view driven, as seen in section C. Constructing a post diagnosis new life structure involves concepts of hope, meaning, and spirituality and their various impacts on coping, which in turn may change during the development and course of an individual's disease. All of this is concerned with the various cognitive and emotional aspects of coping with cancer and flows logically from the expected effects of disease on a person's thoughts, hopes, plans, and feelings. An emerging concept, however, is the idea of the potential reversibility of this process, in which thoughts and emotions might

influence body function and disease development and its progression. For example, the concept that stress might be involved in and predisposing of cardiac ischemia and peptic dysfunction is very old. Evidence is emerging that these psychological and behavioral processes might also be involved in the development and/or progression of several chronic diseases, such as the inflammatory diseases and cancer. If mental processes can impact the immune and endocrine systems, then they might modulate the inflammatory and tumor growth processes that these systems mediate.

This book opens with two essays on the biological basis of emotion/mental-driven body processes and disease. The consequence of such considerations is that since thoughts and emotions can be modulated and changed with assistance from health-care professionals, then psychological counseling might be seen not only to help patients cope, but possibly to influence the disease itself. The book then proceeds to a section on genetic predispositions to cancer and the psychological considerations involved in screening and pre-emptive therapies and decision-making in cancer therapy. The third section deals with the philosophical and religious underpinnings of psychological factors involved in coping with disease state stressors and the roles of hope in coping. The fourth section is an acknowledgement that patients live in a social context, which often includes a partner and/or caregiver. The fifth section includes several essays on aspects and modalities of caregiving that are designed to help patients coping with their cancer and its aftermath, which increasingly extends for years. This is followed by a section with some considerations of approaches to dying and concerns of those who are left behind. The last section seeks to tie all this together and provide a resource chapter.

This book is not intended as a textbook, but as a set of essays for both health-care professionals and all people whose lives are directly or indirectly affected by cancer, to provide a sense of the activity and several new concepts in the rapidly expanding field of psychological support and psycho-social needs and context of the patient with cancer.

The book is presented in 7 sections: A. Biological basis; B. Prevention and decision-making; C. Theory in psychosocial oncology; D. The social context; E. Patient support; F. Advanced cancer; G. Wide-angle lens: resources and overview.

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